

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

PHARMACY update
MULTIPLE CHOICE QUESTIONS
SUPPORTED BY GENUS PHARMACEUTICALS

11 April 1998

Grampian addicts to have photo ID

Government presses on with B6 restrictions

IPMI questions Society over manpower figures

Curves feature strongly in Fit for the Millenium

Pharmacy holding its own in photography



Boots acquires Connors Chemists for £18m

Pharmacist shortage drives up salaries

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NO NON-DROWSY ALLERGY TABLET WORKS AS FAST.

Spring is in the air and election fever once again rages through the pharmacy world, accompanied by cries of 'unfair play'. The law of averages predicts greater dissatisfaction this year as the NPA and PSNC have had their triennial polls and the RPSGB is embarking on its annual Council vote. Last week it was the issue of canvassing, or not, for the Lambeth elections. This week the NPA is in the firing line as its 'one shop, one vote' method has seen the election of Lloyds Pharmacy's superintendent pharmacist Andrew Murdock to the Board amid whispers of organised block voting. But one shop one vote is probably still the most democratic form of voting for bodies such as the NPA. Those who argue that the independents' voice will be swamped by the multiples' should remember that Mr Murdock has only a 5 per cent say on the board despite the company accounting for 10 per cent of the NPA membership. Restricting the number of votes allotted to a company could disenfranchise larger members of the Association.

In contrast, candidates for the Lambeth elections agree to obey the Society's stringent rules about canvassing and media coverage. But should canvassing be restricted? In the NPA and PSNC elections, where members are elected on a regional basis, canvassing is not a problem as the electorate are likely to know the candidates, but with the Society's national elections, voters learn little from the few hundred words permitted in print. The Society argues that some candidates could gain an advantage by running expensive campaigns. But aren't pharmacists sufficiently intelligent (and cynical) to see through glitzy electioneering? After all, we are all members of one professional body and irrespective of position or employment status all candidates in pharmaceutical elections should be striving for the good of the professional as a whole not defending the interests of a particular sector.

No voting system is perfect, but what is important is that when you have a vote you use it. If you don't, you may survive to regret it.

CHEMIST & DRUGGIST

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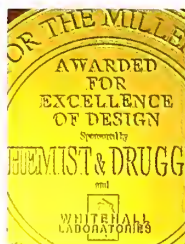
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If pharmacy schools maintain output over the next five years,
supply of pharmacists should be roughly on par with demand



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Patient contract and photo ID for Grampian methadone scheme

A formalised system of stringent methadone supply is about to start in Grampian. Pharmacies will be provided with a photograph of the patient, who will have a contract with the pharmacist and prescriber to behave appropriately and comply with the ethos of the scheme.

The new measures are to be introduced in the next few weeks in a bid to restrict improper use of the drug. Although similar schemes are being operated elsewhere in the country on a voluntary basis, it is believed that the Grampian scheme is the first with formal recognition.

Pharmacists will be allowed to terminate the remainder of a pre-

scription at any time if they feel that the contract has been compromised by the patient. A photograph of the patient signed by the doctor will be kept at pharmacies to allow identification by relief or locum pharmacists.

Patients, who are now obliged to be supervised while consuming their daily methadone supply on pharmacy premises, will only be able to obtain their methadone from pharmacists signed up to the scheme. There is some additional training required for pharmacists to be eligible to participate, and remuneration is at a level comparable to other supervised methadone schemes in Scotland, says Chemists Contractor Com-

mittee secretary Ken Manson.

The scheme will give the health board an audit trail for each patient on a daily basis, as pharmacists will also be recording features such as the patient's mood. "This is a fairly radical model," says Mr Manson. "I think the aims of the scheme are extremely laudable. We are not looking at the dispensing process alone, which I find quite refreshing."

CAPO Christine Bond has helped co-ordinate a multidisciplinary approach to the scheme development. "The working party had pharmacy input with consultation from all sides. It seems to be a model that has been well received," said Mr Manson.

Similar increase in drugs bill expected

The family health services drugs bill is expected to increase by 5.7 per cent in real terms in 1997-98 – similar to the 4.8 per cent rise seen in 1996-97 and the 5.6 per cent averaged over the past ten years.

The number of prescriptions dispensed increased by 2.8 per cent in 1996-97, with the gross cost of each rising by 2.2 per cent in real terms to \$9.14. Remuneration for pharmaceutical services, assessed on a per prescription basis, has fallen by 20 per cent in real terms since its high point in 1986-87. Some 90 per cent of all prescriptions are dispensed in community pharmacies.

Prescription charge income of \$296 million represented 6.5 per cent of the gross cost of all drugs and dispensing fees.

The Report, 'The Government's Expenditure Plans 1998-99', says that a significant development has been the inclusion of a growing proportion of family health services expenditure within HAS' cash limits. Total allocation on drugs for 1997-98 is \$4.12m, of which \$2.2m is cash limited and \$1.92m non-cash limited, compared with \$1.8m and \$2m for 1996-97.

Merging budgets for GP prescribing with those for hospital and community health services from April 1999 will bring greater financial flexibility, the report says.

Milk companies in trouble again

Babymilk manufacturers are still flouting the WHO/UNICEF International Code of Marketing of Breastmilk Substitutes, claims a report launched in the UK this week by the pressure group Baby Milk Action.

But UK manufacturers say the report is an attempt to scaremonger the government into introducing 'nanny-state' regulations to deny mothers choice.

The report, 'Breaking the rules: Stretching the rules 1998', is a survey of 31 countries.

Freeing up drugs information call

The Consumer's Association has renewed its call for information on medicines to be opened up.

An article in this month's *Health Which?* says that despite hopes that a long overdue Freedom of Information Act would force facts about drugs into the open, exemptions could mean that medicines will effectively not be covered by the new legislation.

The government unveiled its Freedom of Information White Paper 'Your Right to Know' in December, and announced last week that the consultation phase had been a great success.

Health Which? says that despite the White Paper, which promised to provide the British people 'with a general statutory right of access to information being held by authorities', it is unclear whether it would overturn section 118 of the Medicines Act. This section makes it a criminal offence for the MCA, or other government body officials, to release information received in connection with their duties.

Beckett concedes medical case for pharmacy protection

President of the Board of Trade Margaret Beckett has privately conceded the medical case for protecting pharmacies. However, she has told Labour MPs that she has yet to be convinced about the competition case for blocking the Office of Fair Trading in its challenge over Resale Price Maintenance on OTC medicines.

The Community Pharmacy Action Group is taking up the challenge by stepping up its lobbying of Margaret Beckett. *Chemist & Druggist* understands that Howard Stoute MP, the joint chair of the Parliamentary group on primary care and public health, is to lead a delegation to Mrs Beckett after Easter.

The group will be armed with more ammunition on the competition argument, including a more detailed case to challenge supermarkets' assertion that they can slash prices to the customer for non-prescription medicines.

CPAG leaders say the supermarkets' claims of a 20 per cent cut in OTC prices are exaggerated. A more accurate estimate would be a cut of around 4 per cent.

Labour MPs on the delegation will impress on Mrs Beckett the question of whether it is worth threatening the closure of community pharmacies for such a small gain for the consumer.

Meanwhile, CPAG is also targeting Cabinet ministers by getting as many voters as possible in the Cabinet ministers' own constituencies to visit their MPs to argue the case for community pharmacies.

Commons' business until April 28 shows no sign of a second reading debate, underlining the difficulty that the government is in, and giving the campaigners more hope of a climb-down by the DTL.

Mrs Beckett will be expected to announce the government's intentions when she opens the second reading debate.

NPA may look at alternative system after concern about 'block voting' in triennial elections

The National Pharmaceutical Association secretary David Thomas has lost his seat on the board to Lloyds Pharmacy superintendent pharmacist, Andrew Murdock. Another long-standing NPA board member, Marshall Gellman, was also ousted in the triennial elections. The results were announced on Monday.

Concern has been expressed that Mr Murdock gained the West Midlands seat due to the 'block' voting system that is used by the NPA. In this, NPA members are

allowed one vote for each of the stores they may have in an NPA area. Mr Murdock received 226 votes compared to Mr Thomas' 215, although only 175 papers were returned for that area.

NPA director John D'Arcy argues that there isn't a single satisfactory voting system and that the current system is democratic as it gives one vote per shop. He also points out that although Lloyds Pharmacy represents about 10 per cent of the NPA membership, Mr Murdock is

one of 21 board members so in effect has only 5 per cent representation on the Board.

"What we have got to do at all times is balance the views of the membership as a whole," says Mr D'Arcy. This is not the first time a multiple has been represented on the board (Harold Moss was twice chairman) but what is new is the size of the multiples, he says.

"I would have said that [the election] was reasonably fair. I appreciate that some people are not going to like this but who

knows? In the future, we may have to look at an alternative system," he said on Tuesday.

The new board comprises: **Area 1:** Umesh Patel **2:** Ian Conquest **3:** Frederick Hind **4:** Hemant Patel **5:** Gerald Alexander **6:** Ashok Soni **7:** Kirit Patel **8:** Ben Zatland **9:** Graham Phillips **10:** Wally Dove **11:** Michael Smith **12:** Gaz Clapinski **13:** Andrew Murdock **14:** David Sukert **15:** Jeremy Clitherow **16:** Rajesh Patel **17:** Peter Jenkins **18:** Richard Evans **19:** Terence Hannawin.



WELL, THIS SHOULD GET US LOTS OF MEDIA EXPOSURE

COVERLY

The BPSA has carried a motion calling for the profession to improve its public image through media exposure

A step nearer B6 controls

The government has decided to press ahead with stricter controls on vitamin B6, despite massive opposition from the health food industry and consumer groups.

Under draft regulations being sent out for consultation, unlicensed supplements containing no more than a 10mg daily dose would be freely available and controlled under food legislation. Those containing more than this amount would have to be licensed as medicines. Separate legislation under the Medicines Act is expected to make licensed supplements containing 11mg to 49mg P medicines, while those above 50mg vitamin B6 would become Prescription Only. Licensed products containing 10mg or less would be GSL.

Tessa Jowell, minister for public health, said last week: "We

have received very clear advice that high doses over a long period can be harmful. The proposed regulations will ensure that high dose products are subject to a proper risk/benefit analysis under medicines legislation and are sold only under the supervision of a pharmacist or prescribed by a doctor."

She added that the 10mg limit was higher than that allowed in many European countries and that the supplements would have to carry a warning about high doses.

Food safety minister Jeff Rooker said that if companies wanted to sell vitamin B6 to treat medical conditions such as PMT, they should license it. He accused the food industry of resisting proposals to reduce the risk of side effects because it did not want to fund the research needed for

licensing, nor could it prove a significant health benefit.

The draft changes in food safety regulations are being sent for comment to organisations representing consumers, industry and complementary medicine groups, who have until June 26 to reply. A regulatory appraisal also considers alternatives to legislation, one of which – a voluntary limit of 10mg a day – has already been rejected by the industry. This appraisal includes a provisional assessment of the financial impact on manufacturers and retailers, based on information from trade associations.

The Royal Pharmaceutical Society has waged a long-running campaign to see food supplements subject to medicines licensing if they are intended for medicinal use.

International award for David Sharpe

David Sharpe, member of the Royal Pharmaceutical Society's Council, is to receive the International Pharmaceutical Federation's 1998 André Bédat Award.

The award, made every two years, is to be given to Mr Sharpe as an outstanding practitioner who has made significant contributions to pharmacy at the international level. He will be presented with the award at this year's FIP congress in The Hague.

● The Society's Charter gold medal for 1998 is to be awarded to Professor David Ganderton. The silver medal goes to Dr Gordon Jefferson, former secretary to the Society's Scottish Department.

Pill campaign in Croydon

Croydon pharmacies raising awareness of post-coital contraception services are being paid £150 for an eight week campaign.

Developing a scheme which ran in Ealing, Hammersmith & Hounslow Health Authority in 1996, (C&D January 4, 1997, p4), Croydon HA has approved a total of \$9,000 for the promotion, in a bid to tackle the high rate of pregnancy terminations in the borough. The Croydon scheme has been supported by the local pharmaceutical committee.

Some 35 pharmacies out of 71 in the HA have been selected to display an information poster either in their pharmacy window or above the pharmacy counter.

Each pharmacy has also been supplied with 30 leaflets and details of GPs offering an emergency contraception service, and the hours of the genito-urinary and family planning clinics.

Unlike the EHHHA scheme, pharmacists have not had to complete a CPPE course on emergency contraception as pharmacists knowledge on the subject is already quite high, says community pharmacy facilitator Nickos Efthymiou. Pharmacists were invited to attend a branch meeting where a local consultant discussed the matter and provided participants with a briefing paper.

Pharmacists are asked to monitor the level of public inquiry.

Drug alert

A batch of Terbutaline Inhaler 250mcg, BN L18 and expiry December 200, from Doncaster Pharmaceuticals is being withdrawn because of inclusion of mislabelled Flixotide Inhalers 250mcg in some packs. The class 1 alert was issued on April 3. Doncaster Pharmaceuticals can be contacted on 01302 365000.

NPA conferencing site

An Internet conferencing facility set up on the NPA's web site has gone live. Launched on April 6, the site is for NPA members only and provides a forum for discussion. NPA members wanting a password to access the inner page of the NPA site (at <http://www.npa.co.uk>) should contact the IT department on 01727 858687 ext 213/253.

Rohypnol scripts

Flunitrazepam or Rohypnol will not have any exemptions to prescription requirements, when it transfers to Schedule 3 of the Misuse of Drugs Regulations on May 1 (C&D, last week p12). The Home Office has confirmed that flunitrazepam will not be treated like temazepam, and full Schedule 3 restrictions will apply. The Misuse of Drugs (Amendment) Regulations 1998, (SI 882, £0.65).

GHB overdose

The Times has reported that a 12 year old collapsed after being given gamma-hydroxybutyric acid, normally used in hospital anaesthetics as sodium oxybate.

ABPI sets sights on electronic data sheets

A project to establish an electronic version of the Data Sheet Compendium has been launched by the Association of the British Pharmaceutical Industry.

The Electronic Medicines Compendium project should be completed next year and will make available in electronic form data sheets, summaries of product characteristics and patient information leaflets. The Data Sheet and PIL Compendia will continue to be produced until demand for them ceases.

EMC will be available in three formats: a CD-ROM, available free to all doctors and pharmacists, which will be updated regularly; an Internet system which can be updated instantaneously with a restricted access area for health care professionals and a general access site for the public; and a medicines database for use in doctors' patient management systems.

Pharmacist supply likely to meet demand

If the pharmacy schools maintain their present output over the next five years, the supply of pharmacists should be running roughly on par with demand, a report has concluded.

The Royal Pharmaceutical Society's Council has approved the report, which summarised discussions with employers and other organisations on the present and medium-term future demand for pharmacists. Copies will be supplied to participants and an edited version will then be prepared for general publication.

The paper predicts that the likely increases in demand for pharmacists by the end of 2000

will be 1,000 full-time equivalents in community practice, 750 in hospitals and 300 in health authority jobs. Over the same period, the number of pharmacists on the home register (those with addresses in Britain) should grow by well over 2,000 and perhaps by as many as 2,400. The main problem currently is that increasing demand in community pharmacy is leading to severe difficulties in the hospital sector.

While it remained difficult to predict future demand, the report had made the best 'guesstimates' possible, Council heard last week. Ian Caldwell, Manpower Committee chairman, said that all

contributors to the exercise had been frank and open. Because they had been prepared to provide commercially sensitive information, it had been possible to get a much better view of what was going on.

Helen Remington said there was no longer a need to persuade the DoH that there was a serious crisis in the hospital sector. The question was: what was being done about it? The paper made no reference to some of the skill-mix issues, the use of unqualified staff and the grading-up of inappropriately qualified people to try to fill vacancies. She asked whether the predicted increase

in the home register took into account every aspect of supply.

John Ferguson, secretary and registrar, replied that the net increase in the register over the next three years was expected to be around 650 a year.

Mr Caldwell commented that the hospital service suffered not from a shortage of pharmacists, but from a shortage of investment. The money invested in the workforce was totally inadequate.

Marshall Davies warned that, if there were insufficient pharmacists, the authorities would seek to overcome the shortage and the pharmacist's role might be debased or deskilled.

IPMI still concerned over manpower levels

The Institute of Pharmacy Management International has again raised its concern over manpower levels following the Royal Pharmaceutical Society's manpower survey.

In the introduction to the eighth annual IPMI Pharmacy Manpower Survey (see also **Business News**, p31), the Institute says it is concerned at the low level of response from community pharmacists to the Society's survey. This had asked 2,000

pharmacists who had qualified in the past ten years what the current employment status was (*C&D* February 7, p4).

The survey found that 66 per cent of respondents were employed in the community with 24 per cent in hospital. "Our concern [is] that the poorest response seemed to be from those in community pharmacy practice since only 10 per cent of pharmacists on the Register are in hospital practice," it says.

Postgraduate studies in nutritional medicine

Pharmacists are eligible to take part in a course leading to an MSc or postgraduate diploma in nutritional medicine at the University of Surrey – the first course of its kind in the UK.

Due to start in September, the part-time modular course will take from two to six years. The programme will cover all aspects of nutrition and health, including the role of dietary supplements, clinical nutrition and drug/nutrient interaction. It is tailored to fit

the lives of busy professionals, as modules can be taken as stand-alone short courses. Each module requires three days at the university, the rest is distance learning and home assignments. Each module costs \$545 and there are nine of particular interest to pharmacists.

Further details from the course director: Dr Margaret Rayman, School of Biological Sciences, University of Surrey, Guildford GU2 5HX (tel: 01483 259730).

BPSA agrees new roles for officers

The British Pharmaceutical Students' Association is working to make its constitution more effective.

Proposals agreed at its conference in Cardiff this week included introducing new roles for the vice-president and student exchange officer and abolishing the roles of international liaison secretary and graduate publication editor, with the latter's role being taken on by the graduate officer.

A working group consisting of Rob Forde (president 1997-98), Richard Taylor (international liaison secretary), Sapana Mody (secretary general) and Noel Wicks (publications officer) has been looking at ways to amend the Association's constitution since February. Delegates were discussing the proposals this week.

The new vice-president, John Burton, will act as the Association's international liaison secretary. The student exchange officer will co-ordinate activities between the International Pharmaceutical Students' Federation and various schools of pharmacy in the UK.

"We are trying to make the



Pictured (l-r) at the BPSA conference at the end of their year in office are Richard Taylor (international liaison officer), Rob Forde (president) and Sapana Mody (secretary general)

BPSA more efficient and to improve outcomes. We seem to have spent the past few years running but standing still. We are setting up a structure to implement the new ideas that others come up with," says Rob Forde.

The new committee has not been able to elect a president for 1998-99. Instead, responsibilities will be delegated between the new executive members Mr Burton, treasurer Kailas Mahadariah and general secretary Lindsay McClure.

Among other motions debated and carried at conference was a

one put forward by Duncan Mann of Nottingham. He called for the role of the Royal Pharmaceutical Society's secretary and registrar to be split in two, that the registrar always be a pharmacist, and that the position of secretary be open to non-pharmacists.

It was argued that a registrar who did not know his subject would give a poor impression. Delegates also heard that the RPSGB needed a pharmacist figurehead because only one of the five new departments in the Society's forthcoming restructure is to have a pharmacist in charge.

Look out for this month's Update question paper

Enclosed in this week's issue is the questionnaire for March's **Pharmacy Update** modules:

- Thrush (1083)
- Aromatherapy (1084)
- LCP fatty acids (1085).

Pharmacy Update is a distance learning programme and is accredited by the College of Pharmacy Practice. Previous modules can be obtained by using the faxback service on 0891 44791 (premium rates apply). Internet users can catch up by accessing the dotpharmacy site (<http://www.dotpharmacy.com>) which has a library of previous modules and questionnaires. A telephone marking service is available for a fee of £12.50 plus VAT. A certificate is issued to verify the number of hours of continuing education achieved.

A motion calling for the profession to improve its public image through media exposure was carried unanimously as were motions calling for 'New Age' co-ordinators to visit schools of pharmacies to promote PIANA, and for the BPSA to produce a promotional video to encourage membership and participation.

Delegates also approved a motion for terfenadine to be reclassified a pharmacy medicine.

PIANA PLAYER



Jas Bansal

Locum pharmacist Jashinder Bansal from Harrow, Middlesex, has been running a Traditional Chinese Medicine (TCM) clinic in Harrow for over a year.

He spends five days a week locuming in pharmacy multiples in Gloucester, Newbury and Swindon, while spending an average of one or two days a week at his clinic.

At present, Jas is trying to get support from 13 local fund holding practices for his clinic to treat patients suffering from chronic pain.

After two years as a pharmacist, he realised there were limitations to modern medicine and decided to study an alternative therapy to help treat patients who were not responding to conventional therapies.

He chose TCM, which relies heavily on herbs, because it complemented his pharmacological and pharmacognosical knowledge. Jas joined the governing body of TCM practitioners, the Register of Chinese Herbal Medicine, after a four year diploma in which he studied Chinese herbal medicine and acupuncture.

Mr Bansal has used TCM to treat patients who are unhappy with the side effects of western medicines. He has treated a variety of chronic conditions such as rheumatoid arthritis, Crohn's disease, poor circulation in diabetes and urinary tract infections.

"The more chronic the problem, the longer it will take to remedy with TCM. It takes time to get the best results," he says.

Although he has found little difficulty in branching out, he believes other colleagues may. "It is a problem trying something new like this when you have been trained in a scientific approach. You have to be broad-minded and look at the results for yourself."

Jas says close pharmacy friends who have seen his TCM achievements do not argue with him about alternative therapy. Colleagues in the alternative field think western medicine is used to suppress symptoms rather than heal the underlying cause of diseases.

Nevertheless, they concede that nothing matches western medicine for treating acute conditions.



Contract regulations and common sense

Once again, the legal interpretation of the limitation of contract regulations has been turned on its head and this time to the detriment of the expansionist ambitions of the multiple companies (C&D April 4, p4). It seems that the Hon Mr Justice Turner considers that the burden of proof must be on the applicant to demonstrate inadequacy of existing pharmaceutical services, rather than assuming that they should always be provided wherever commercial retail development occurs.

Now I know that an appeal against this decision may be made, but nevertheless, as John D'Arcy, director of the NPA says, "This is a victory for common sense," and hopefully signals a return to a more rational consideration of contract applications. However, while the situation of new contracts is being clarified amidst wide publicity, many 'common sense' injustices are being perpetuated unnoticed in the guise of minor relocations.

A minor relocation should be just that and to me this should allow for natural business development, while maintaining the stability of existing service. It is not

Topical Reflections

logical that the short movement of business premises from one side of the road to the other should be considered in the same light as moving half a mile, leap frogging another pharmacy and then re-opening next door to the doctor's surgery. Yet if this movement is in the same neighbourhood it is deemed minor! Now, is that common sense?

A system without boundaries

I am still being asked for melatonin to combat jet lag and these requests rose last week after a Jimmy Young programme on Radio 2. It seems that Dr Mike Ingram was asked for his suggestion on combating jet lag and said that melatonin seemed to be effective. Jimbo confirmed this by saying that he had recently taken it when returning from holiday. All very well, but then it was said that although it is not allowed to be sold in this country, it is available by mail order over the Internet!

The Medicines Control Agency originally banned the sale of melatonin on the grounds that it was a biological substance that required a licence. Despite some encouraging rumblings, no manufacturer has taken up the challenge, and as Jimbo says it remains unavailable here.

Now Jimbo really should not be recommending that listeners circumvent British medicines law by using the Internet, but he does highlight the problem of a system that has become an accepted part of everyday life, but which, with no respect for national

boundaries, can supply unregulated almost anything, to anyone, anywhere. However, using BBC Radio 2 airtime to publish that fact was probably not a very good idea!

Reactions to restaurant rage!

Oh dear! I do seem to have upset Ivor Deitsch, chairman, Kensington, Chelsea and Westminster LPC (Letters April 4). Now this was not intentional, but he has as much right to disapprove of my opinions as I have of voicing them.

As far as protection of the restricted title 'Pharmacy' is concerned, I can still understand the temptation of the Council of the Royal Pharmaceutical Society to let sleeping dogs lie. However, I do disagree with Ivor when he suggests that by not pursuing this restaurant it would weaken the Society's case against a drug store.

In the case of the drug store, I would expect the Society to vigorously prosecute the illegal use of the restricted title and equally would expect a satisfactory result. The law is the law and the fact that one miscreant has not been prosecuted surely cannot weaken the application of that law to others, particularly when it is clear that in one case the intention is a deliberate 'passing off' designed to deceive, whereas the other is an unconnected opportunist use of a currently 'in vogue' title.

I hope Ivor will continue to read Xrayser and criticise my opinions. After all, if everyone always agreed with me I could find myself out of a job!

COUNTERpoints

Skin care technology bursts into the shower sector



Imperial Leather Foamburst Gel is an innovative new showering product set to revolutionise the personal wash market.

A three year R&D programme at Cussons, focusing on what consumers want from a showering product, has produced a unique result.

An aerosol dispenses a small amount of clear gel which produces copious quantities of creamy, long-lasting lather on contact with water and air. The combination of cleansers and conditioners in the gel not only cleans effectively but has been shown to noticeably

improve the condition of skin in four days. Tests found the skin felt softer and smoother with a significant reduction in dryness and flakiness.

Consumer research has found that conventional shower products are regarded as wasteful and uneconomical, difficult to apply, poor or slow to lather and easily washed away before they have had time to work. The new Foamburst Gel addresses these concerns with controlled dosage from the aerosol producing an abundant lather that sticks to the skin.

Foamburst Gel is available in four

variants: Delight, with added moisturisers; Vitality with fresh aromatics; Radiance, with vitamin E; and Fitness, with menthol. The 200ml pack retails at \$2.99, a price that will be held across all sectors. The CFC-free aerosol canister is made of aluminium so it will not rust, and it is recyclable.

Imperial Leather is investing \$7.5m to support the launch – the largest spend ever for a product in this sector. TV advertising will start on May 11.

An extensive nationwide sampling campaign will enable consumers to try the gel. For three months over the summer, the roadshow will visit shopping centres to demonstrate the product.

A mixed case in a counter top unit complete with shelf wobblers has been assembled for pharmacies and is available through all chemist wholesalers.

Cussons (UK) Ltd.
Tel: 0161 491 8000.

Vaseline deodorants are soft 'n' dry

Elida Fabergé is introducing a new look for its Vaseline Intensive Care deodorants.

The simplified new pack is designed to

emphasise the variant differentiation.

The female aerosols in the range have been reformulated and feature the claim 'new dry and soft spray' to convey a message of efficiency and caring for the skin.

During the coming year, the brand will be supported by a \$4.2m campaign including promotional activity.

The company has signed a deal to for the brand to sponsor the GMTV weather slot for six months. New TV creatives are planned for the range and there will be a summer advertising blitz on the London Underground.

Elida Fabergé.
Tel: 0181 481 6000.



Johnson & Johnson provides sun protection for kids

Johnson & Johnson is introducing a new children's sun block lotion in its Johnson's Sun care range.

Kids SPF35 Long-Lasting Sun Block Lotion is extra water- and sweat-resistant. It is formulated to last for up to 80 minutes of water activity.

The lotion is non-greasy and has a fun, fruity fragrance. It has been dermatologically tested to be suitable for children's sensitive skin.

It provides broad spectrum UVA/UVB protection and contains microreflectors which form an invisible layer on the skin to reflect and absorb harmful rays.

The fun packs feature

Eye opening launch from Bourjois

Bourjois will be launching three new mascaras on May 13.

Volume Glamour is a thickening cream mascara formulated to double the volume of the lashes for an intense look. It is available in black, brown and blue.

Longueur Sublime is an extra-lengthening cream mascara for a natural look. It comes in black,

brown and green.

Aqua Volume is a waterproof mascara with extra volume for lashes. It is available in black, brown, blue and violet.

Packaging is a bottle-shaped tube.

Retail price for all three products is \$5.45 (introductory price – \$4.45).

Bourjois Ltd.
Tel: 0171 436 6110.

Crystal deodorant for arms and feet

Pitrok Ltd is introducing its natural crystal deodorant in a new push-up holder.

Designed to be more convenient than the original product, Pitrok Push-up Crystal Deodorant is suitable for underarms and feet.

Applied to wet skin after a shower or bath, it leaves an invisible layer of 99 per cent pure natural mineral salts

which prevents bacteria from multiplying.

The manufacturers say it does not block pores and allows the elimination of toxins.

The unperfumed product is free from alcohol and it is suitable for those who are sensitive to traditional deodorants. Retail price is \$5.95 (100g).

Pitrok Ltd.
Tel: 0181 563 1120.

Go colour crazy with crayons

Spectacular Cosmetics has gone crayon crazy with a new collection of lipstick and powder eye crayons in 12 shades.

For the lips choose from six fashion shades ranging from Nougat – a rosy pink to Fudge – a

reddish brown.

To emphasise the eye, select from Garter – a frilly mauve, Confetti, the palest pink and the cloud-like Something Blue.

Each crayon costs \$2.25.
Spectacular Cosmetics Ltd. Tel: 0181 903 2030.

a dolphin in a diving mask and snorkel jumping out of water. The product's yellow cap differentiates it from other products in the range. Retail price is \$10.75 (200ml).

The launch will be supported by a \$700,000 advertising campaign in

women's and family titles. In-store promotions will include trials and money-off promotions.

● J&J has linked up with Airtours and Eurosites Camping Holidays in an exclusive sun care sponsorship.
Food Brokers Ltd.
Tel: 01705 222590.



50%

50% PROFIT ON RETURN ON MONMOUTH PHARMACY OTC PRODUCTS

We believe that *half* the value of a pharmacy medicine is in the advice supplied alongside the medicine itself. That is why we are giving you, the Retail Pharmacist, **50% Profit on Return (POR)**, irrespective of the volume ordered, on all Monmouth pharmacy OTC products, i.e. **EXPULIN™**, **MINTEC™** and **ENTEROSAN™**. This equates to a 100% mark up in profit.

EXPULIN (all packs)	POR @ 50% = £1.00 profit per pack
ENTEROSAN 24's	POR @ 50% = £1.15 profit per pack
ENTEROSAN 40's	POR @ 50% = £1.85 profit per pack
MINTEC 12's	POR @ 50% = £1.24 profit per pack
MINTEC 25's	POR @ 50% = £2.41 profit per pack

You will be able to order Monmouth OTC Products from your wholesaler with the 50% (POR) margin built in to the difference between trade and retail prices.

Order today and make sure you don't miss out.

For further information, please contact

MONMOUTH
PHARMACEUTICALS

Monmouth Pharmaceuticals Ltd,
3 & 4 Huxley Road, The Research Park, Guildford, Surrey GU2 5RE
Telephone: 01483 565299.

™ Trade Mark



Nurofen for Children launched

Crookes Healthcare is replacing Junifen with a reformulated paediatric analgesic – Nurofen for Children (100ml, £3.05).

The safety and tolerability profile of ibuprofen in young children has led to the regulatory change, which now allows it to be used in children as

young as six months. Junifen was not recommended for children under a year or weighing less than 7kg.

Each 5ml of Nurofen for children contains 100mg of ibuprofen. The orange-flavoured liquid is sugar- and colour-free.

According to product manager Victoria Bloor, "one of the most important factors in the analgesics market is trust in the performance of the product and in the brand-name. In addition to the tried and trusted effectiveness, Nurofen for Children will benefit

from the heritage of the Nurofen name and the £10 million support package that the brand enjoys".

Nurofen for Children replaces Junifen as being prescribable on FP10.

Crookes Healthcare.
Tel: 0115 953 9922.



Philips' offer – a winning combination for lovely legs

Philips has put together an irresistible offer for its Cellesse Cellulite Massage System designed to appeal to any woman who wants to show her legs this summer.

From April 11 until May 30 inclusive, anyone buying a Philips Cellesse will be able to send away for a completely free battery Ladyshave & Care HP 6331 which has a recommended retail price of £34.99.

The offer is being heavily promoted at point of sale with colourful showcards. During the promotional period there will also be demonstrators in-store discussing the features and benefits of Cellesse

with potential customers.

All the purchaser has to do is complete the coupon on the showcard leaflet and return it with the Cellesse till receipt and certificate of purchase from the pack. The Ladyshave & Care will be despatched within 28 days and all requests must be received by June 15, 1998.

Philips believes the offer is a combination of products which it is sure will appeal to the

majority of women.

Philips Domestic Appliances and Personal Care.

Tel: 0181 689 2166



Fresh image for Colgate's rinse



Colgate-Palmolive is relaunching its Colgate Plax mouth rinse to capitalise on its long-lasting properties.

Now called Colgate Total Plax, the product has been reformulated to give the user a cooling, freshening feel.

The 'long-lasting protection and fresher

breath' message is prominently flashed on the new bottle.

It is available in Classic, Soft Mint and Cool Mint variants. Retail prices are \$3.39 (500ml), \$2.19 (250ml) and \$0.99 (100ml – Classic only).

Colgate-Palmolive (UK) Ltd.

Tel: 01483 302222.

Sensitive solution from Oral-B

Oral-B Laboratories is launching a complete sensitive regime to provide an all round solution for those suffering from sensitivity.

In addition to its two existing Oral-B sensitive toothbrushes, the company has now developed a toothpaste and mouth rinse which are specially formulated for sensitive teeth.

Oral-B Sensitive Mouth Rinse has a mild alcohol free formula and pleasant mint flavour.

Oral-B Sensitive Toothpaste has a fresh spearmint flavour and contains fluoride to help fight against cavities.

Both products retail at £2.49.

A new counter unit is available to display the

range in pharmacies.
Oral-B Laboratories Ltd.
Tel: 0181 847 7800.



PRODUCT RECALL

Terbutaline Inhaler 250 micrograms, 400 doses
Batch number L18
Expiry date: December 2000

Doncaster Pharmaceuticals Ltd has marketed a batch of inhalers, some of which are overlabelled as **Terbutaline Inhaler 250 micrograms, 400 doses, Batch number L18**, which do not contain Terbutaline, but actually contain Flixotide.

Terbutaline Inhaler 250 micrograms, 400 doses, Batch number L18 is, therefore, being recalled from the market immediately.

Patients who have been dispensed any of this batch must consult their doctor.

Any of these inhalers should be returned to Doncaster Pharmaceuticals Ltd, Kirk Sandall Industrial Estate, Doncaster, DN3 1QR.

Customer helpline telephone number: 01302 365000

DEET-free Mozzie Patch

Bioconcepts has launched a new 100 per cent DEET-free insect repelling patch.

Mozzie Patch requires no direct skin contact and is suitable for adults, children and infants.

Each patch contains 60mg essential oil of citronella which is released when the patch is in place and firmly pressed.

The fragrance subtly masks the odour of the perspiration, keeping mosquitoes and other biting insects at bay.

Self-adhesive backing means patches can be stuck on tables, bedheads or clothing.

The patches come in boxes of 12 or 24, retailing at \$4.95 and \$7.95 respectively.

Bioconcepts Ltd.
Tel: 01705 499133.

Celebrating 50 years of Disprin

Disprin, celebrating 50 years of pain relief, is being relaunched with dynamic new packaging.

The pack design features bright cobalt blue and retains the distinctive sword and circle.

The relaunch of the brand will be supported by a major television advertising campaign.

Reckitt & Colman Products. **Tel: 01482 326151.**

Who can offer the fastest growing thrush treatment?



Canesten can. Oral treatments can't.

Over the past 2 months Canesten Combi has grown 80% in value compared to the same period a year ago - and we're still growing.

Canesten® *Combi*

Clotrimazole 1%

That's over one third more than the leading oral treatment, bringing more cash sales into your pharmacy than ever before.

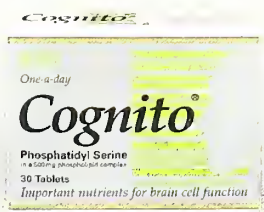
Abridged product information for Canesten Combi. **Presentation:** A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten Cream (containing 1% Clotrimazole BP). **Indication and Dosage:** Pessary for candidal vaginitis; cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P (pessary). **Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included. £4.25 (PL 0010/0016R (cream) (PL 0010/0083 (pessary))). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** March 1998. **Reference:** 1 AC Nielsen Retail Audit defined market Jan/Feb 98 v Jan/Feb 97.

A supplement to keep in mind

Health Perception has launched a new health food supplement – Cognito – which contains phosphatidyl serine (PS).

PS is an essential nutrient which is most concentrated in the brain, where it is known to help nerve transmitter action and regulation of the functioning of the brain's nerve cells.

According to the company, results from double-blind, clinical



trials showed that PS supplementation significantly improved the learning and recall of names and faces, telephone numbers and the locations of frequently misplaced

objects in adults between 40 and 60.

It is a once-a-day tablet containing 500mg of a mix of purified phospholipids, standardised to provide 100mg PS. Retail price is \$29.95 for 30 chewable tablets.

● Cognito was voted 'best new product' by the National Association of Health Stores at the recent Helfex exhibition. **Health Perception.**
Tel: 01344 890115.

Powerlean launched in UK market



A new food supplement currently taking the American health care market by storm has been launched in the UK by SwissHealth.

Conjugate Linoleic Acid (CLA), marketed under the brand name Powerlean, is a substance present in certain high fat foods of animal origin such as beef and dairy products. Shifts towards a low fat diet combined with farming changes mean that our intake of CLA is believed to have fallen by as much as 80 per cent over the past 20 years.

CLA is an essential fatty acid which acts as an antioxidant and is said to help boost the immune system. Research

suggests that CLA may help reduce body fat content and increase lean tissue which could have a beneficial effect on cholesterol and blood pressure.

Manufactured from Safflower oils, two soft gel capsules of Powerlean are said to provide as much CLA as 6lb beef or 50oz of cheese, without the unwanted fat. Powerlean is available in tubs of 60 capsules, retailing at £18.95.

SwissHealth is supporting the UK launch with an advertising and PR campaign targeting national newspapers, as well as women's and health magazines.

SwissHealth.
Tel: 0171 589 4217.

Vegetarian mineral supplement

Chlorella Products has introduced a new pro-biotic mineral supplement.

Nutri-min contains 72 minerals and trace elements in vegetarian capsules with red grape

juice powder and organic carrot powder.

Each pot has a three month supply of 65 capsules. Retail price is \$12.50.

Chlorella Products Ltd.
Tel: 01793 741122.

Avent soothers go back to nature



Cannon Rubber is launching a new range of soothers in its Avent range.

The Country Collection comprises four bright designs with a natural theme – butterfly, bee, frog and rabbit.

It features a ring handle for safety, an orthodontic ventilated teat to promote healthy development of teeth and gums, and a snap-on protective cap for hygiene.

Retail price is \$2.79 for a pack of two.
Cannon Rubber Ltd.
Tel: 01787 267000.

Mud Masque for hair and scalp

Ahava UK is launching a new hair and scalp treatment in its Ahava Dead Sea mineral range.

Ahava Advanced Hair Mud Masque is designed to be used once or twice a week to improve the overall condition of the scalp and hair.

Retail price is \$10.50.
Ahava UK.
Tel: 01452 864574.

Tooth friendly first from Ribena

Ribena Tooth Kind, being launched next week, is the first soft drink to be accredited by the British Dental Association.

Using a new technique, with patent pending, Smithkline Beecham has reduced the presence of fruit acidity. With no added sugar, the company says the drink causes minimal tooth erosion, on a par with water.

Supported with a \$10.2 million launch, Ribena Tooth Kind is available in dilutable and ready-to-drink formats. Both come in blackcurrant flavour and the RTDs also come in orange and strawberry.

Tooth Kind will replace the no added sugar variant.

Smithkline Beecham
Nutritional Healthcare.
Tel: 0181 560 5151.

Lady Jane gets a grip on your hair

Loughton & Sons is launching a new collection of hair grips in its Lady Jane Professional range.

Blend-Rite grips are designed with a matt coating that doesn't reflect light in order to blend with the hair. They are available in brown, black and blonde.

Their feature

An opportunity in oral care

Blackwell Supplies Ltd has been appointed by Adams Healthcare as its exclusive partner to distribute its new Chlorhexidine Gluconate 0.2 per cent Mouthwash in the UK.

Available in two flavours – Original and Peppermint – the mouthwash is indicated for the inhibition of dental plaque; treatment and prevention of gingivitis; maintenance of oral hygiene; promotion of gingival healing following surgery, and is useful in managing denture stomatitis and thrush.

A 300ml pack of Chlorhexidine Gluconate mouthwash 0.2 per cent has a retail price of £3.85. With a trade price of £1.68 and a GSL licence, it offers pharmacists significant retail potential.
Blackwell Supplies Ltd.
Tel: 01634 877620.

ON TV NEXT WEEK

Arrid XX: B, G, Y, T, C4

Imodium: All areas

Listerine: GTV, STV, G, A, M, ITV, Sat

Pearl Drops: C4, C5

Poli Grip: U, STV, B, G, Y, C, HTV, TT

Simple skincare: ITV, C4, C5, Sat

Slim Fast: All areas

Solpadeine: GTV, B, G, Y, A, W, TT, TSW, Sat

Wella Experience: Sat

Wella Shock Waves: Sat

Wilkinson Sword FX Performer: GTV, U, STV, Y, C, A, M, LWT, TT, C4, Sat

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TSW** TV South West, **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

Who can treat thrush even if she could be expecting?



Canesten can. Oral treatments can't.

Is she or isn't she? Remember, oral treatments are *contra-indicated during pregnancy.* Fortunately, Canesten Combi can *relieve the itch immediately, clear infection fast and is suitable for use during pregnancy - under the supervision of a doctor.*

Canesten® *Combi*

Clotrimazole 1%

Abridged product information for Canesten Combi. Presentation: A single Canesten 1 pessary (containing 500mg Clotrimazole BP), plus a 20g tube of Canesten cream (containing 1% Clotrimazole BP). **Indication and Dosage:** Pessary for candidal vaginitis, cream for associated vulvitis and treatment of sexual partner to prevent re-infection. **Adults (16-60):** The pessary should be inserted into the vagina using the applicator. The cream should be applied night and morning to the vulva and surrounding area and/or to the partner's penis to prevent re-infection. **Contra-indications:** Hypersensitivity to clotrimazole. **Warnings:** Pregnancy: Only under supervision of a doctor. **Side-effects:** Rarely local mild burning or irritation immediately after use. Hypersensitivity may occur. **Legal category:** P. **Package quantity and cost price:** 1 x 500mg pessary packed in foil, plus a 20g tube of Canesten Cream. An applicator for the pessary is included. £4.25 (PL 0010/0016R (cream) | PL 0010/0063 (pessary)). **Product Licence holder:** Bayer plc, Consumer Care Division, Bayer House, Strawberry Hill, Newbury, Berkshire, RG14 4JA. **Date of preparation:** March 1998.

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MEDICALmatters

Concept Blue

Concept Blue is a new in-pharmacy pregnancy test kit from Invitech which is easy to use and gives results in 50 seconds. The kit contains 25 testing sticks, test tubes and pipettes, a report pad, instructions and a window sticker and retails at £31.95. Invitech plans to develop new tests for osteoporosis, diabetes and drugs of abuse within the next six months.

Invitech Ltd. Tel: 0191 519 4700.

Bisoprolol trial halted

A European study looking at the effects of the selective beta-blocker bisoprolol in the treatment of chronic heart failure has been stopped early because interim results have shown a significant reduction in mortality compared to placebo. The Cardiac Insufficiency Bisoprolol Study (CIBIS II) involving 2647 patients was started in November 1995 and was originally designed to finish in autumn 1999. All patients in the trial will now be offered bisoprolol.

Apstil goes generic

APS Berk's Stilboestrol coated tablets 1mg and 5mg will no longer be traded as Apstil, but sold generically. The brand name will remain on packs until current stocks are exhausted.

APS Berk. Tel: 0113 238 0099.

Cox GTN spray

Cox Pharmaceuticals is selling its Glyceryl Trinitrate 400mcg spray in a new 200 dose size. The NHS price is £3.28.

Cox Pharmaceuticals. Tel: 01271 311279.

Norton additions

Norton Healthcare has launched its own brand of Flutamide Tablets 250mg (84, £96.12) for the treatment of advanced prostatic carcinoma and its own brand Betahistine Tablets 8mg (120, £9.82) and 16mg (84, £18.03) for the treatment of vertigo and hearing disturbances.

Norton Healthcare. Tel: 01279 426666.

Generics UK extensions

Generics UK has launched Coroday (nifedipine) MR 20mg tablets (56, £9.31) and Temazepam Tablets 10mg (500, £16.79) and 20mg (250, £14.16).

Generics UK Ltd. Tel: 01707 853000.

Tamoxifen could prevent half of breast cancer cases

A US trial has found that tamoxifen may cut the risk of women developing breast cancer by almost a half.

The six-year study recruited 13,388 women who were at risk of breast cancer either because of family history, pre-cancerous breast abnormalities or age. The results revealed that 85 women on tamoxifen had developed breast cancer compared to 154 women on placebo.

The drug, however, is associ-

ated with a small increased risk of adverse effects. Endometrial cancer was found in 33 women on tamoxifen compared to 14 in the placebo group, although the cancer was of a lower grade and is generally associated with lower mortality than breast cancer.

In addition, 17 cases of pulmonary embolism were observed compared to six in the placebo group and 30 cases of deep vein thrombosis were seen compared

to 19 in the placebo group. Fractures, on the other hand, decreased with tamoxifen use.

Overall, tamoxifen demonstrated benefits that outweighed risk. The trial will continue for another year, but all placebo patients have now been offered tamoxifen.

British researchers criticised their US counterparts for 'over-reacting' and said that it was too early to assess the long-term effects of the drug.

Mibefradil interaction with statins highlighted

Mibefradil, marketed by Roche as Posicor, has been found to interact with some statins, increasing the risk of skeletal muscle damage.

The new interaction, which is included in the revised Summary of Product Characteristics, has been observed with simvastatin, where a number of cases of rhabdomyolysis have been seen. Mibefradil is thought to inhibit the metabolism of those HMG CoA reductase inhibitors (statins) which have a low bioavailability and which are mainly metabolised by CYP 3A4.

Consequently, combined use of mibefradil with simvastatin or lovastatin should be avoided, but if not, the lowest possible dose of the statins should be given and the patient monitored. Alternative statins such as pravastatin or fluvastatin may be used without dose adjustment but atorvastatin should be given only at the lower dose of 10mg daily.

Mibefradil has also been associated with the appearance of symptomatic, slow, junctional rhythm and complete AV block when used with beta-blockers, mainly in elderly patients.

Non-compliance major factor in murder

Over half of the mentally ill people in the community involved in homicides were not taking their medication properly before the killings were committed, according to a new report.

"The Medication, non-compliance and mentally disordered offenders' report from the Zito Trust found non-compliance a problem in 20 out of 35 homicide cases involving mentally ill patients in the community since 1992. Factors influencing non-compliance in these 20 cases including side effects and poor supervision in 17 cases, lack of insight by the patient in 16, and substance abuse in 13.

It estimates that 70 per cent of psychiatric patients discharged

from hospital will stop taking their medication within two years. Other estimates suggest 43 per cent of killings are committed by people with a mental problem including problems caused by alcohol/substance abuse.

"Patients are expected to take conventional medication in the community without any support. Many of the drugs prescribed have terrible side effects but continue to be used because they are cheap," says trust director and report author Michael Howlett.

He is calling for the government to fund assertive outreach programmes in every health authority with multidisciplinary teams supervising small groups of up to 15 patients.

Snoring week

National Stop Snoring Week runs from April 20-26 and the British Snoring & Sleep Apnoea Association will be on hand to provide advice and information on products for health care professionals and sufferers.

BSSAA. Tel: 01737 557997.

Convulex Tablets

The temporary shortage of Convulex Tablets (valproic acid) 300mg and 500mg has been lifted and stocks are now available from major wholesalers.

Pharmacia & Upjohn Ltd. Tel: 01908 661101.

Novagard discontinued

Pharmacia & Upjohn's Novagard intra-uterine device (singles and packs of ten) will be discontinued as soon as current stocks are exhausted, which is expected to be in May. Schering Health Care will continue to supply an identical product (Nova T) made by Leiras which also makes Novagard.

Pharmacia & Upjohn Ltd. Tel: 01908 661101.

Link divestments

Link Pharmaceuticals has divested Methex Mixture (methadone oral solution 1mg/ml) to Generics (UK) Ltd and Eudemine injection 300mg, Tertroxin tablets 20mcg and Tri-iodothyronine injection 20mcg to Goldshield Healthcare.

Link Pharmaceuticals Ltd. Tel: 01403 272451.

Hayfever-free zone



When allergies control lives, control allergies with Telfast

INDICATED PRESCRIBING INFORMATION

1. **Indications:** Telfast 120 is a film-coated peach coloured tablet containing fexofenadine base equivalent to 120mg of fexofenadine hydrochloride. Telfast 180 is a film-coated peach coloured tablet containing fexofenadine base equivalent to 180mg of fexofenadine hydrochloride. **Indication:** Telfast 120 and Telfast 180 are indicated for the relief of symptoms associated with seasonal allergic rhinitis and Telfast 180 is licensed for relief of symptoms associated with chronic idiopathic urticaria. **Dosage & Administration:** For the treatment of seasonal allergic rhinitis, the recommended dose of fexofenadine hydrochloride for adults and children aged 12 years and over is 120mg once daily. For the treatment of chronic idiopathic urticaria, the recommended dose of fexofenadine hydrochloride for adults and children aged 12 years and over is 180mg once daily. The safety of fexofenadine hydrochloride has not been studied in children under 12 years. **Contra-indications:** Hypersensitivity to any of the product's ingredients. **Warnings:** It is not necessary to adjust the dose of

fexofenadine hydrochloride in the elderly or in renally or hepatically impaired patients. (Although, as with most new drugs, fexofenadine hydrochloride should be administered with care in these special risk groups.) **Side effects:** In controlled clinical trials the incidence of commonly reported adverse events observed with fexofenadine was similar to that observed with placebo. These adverse events were headache, drowsiness, nausea, dizziness and fatigue. **Pregnancy & Lactation:** As there is no experience with fexofenadine hydrochloride in pregnant women, Telfast 120 and Telfast 180 are not recommended in pregnancy or for mothers breast-feeding their babies. **Legal Category:** POM. **Package Quantities:** Packs of 30 tablets. **Marketing Authorisation Number:** Telfast 120: PL 4425/0157. Telfast 180: PL 4425/0158. **NHS Price:** Telfast 120 Tablets: £7.40. Telfast 180 Tablets: £9.63. **Marketing Authorisation Holder:** Marion Merrell Ltd, Broadwater Park, Denham, Uxbridge, Middlesex, UB9 5HP. Further information including a full Summary of Product Characteristics is available from Hoechst Marion Roussel Ltd at the above address.

Date of Preparation: February 1998.

Telfast¹²⁰
fexofenadine 120mg o.d.

Hoechst Marion Roussel

Hoechst

Hoechst Marion Roussel
The Pharmaceutical Company of Hoechst

Council objects to script fraud checks

The Royal Pharmaceutical Society's Council is to send a firm response to the Doll about proposals for pharmacists to check patients' entitlement to prescription charge exemption.

The proposals will place an unacceptable load on pharmacists and ignore the impact on their professional relationships with patients, Council will say. There was also concern that refusal to dispense a suspected forged prescription might result in violent behaviour towards the pharmacist.

The Practice Committee has received a letter following discussions between the Society and Doll officials which set out draft guidance for point-of-dispensing checks, details of a proposed reward scheme for pharmacists who spotted illegal forms, and a proposed scheme for exemption declarations to be signed by pharmacists on behalf of patients.

The committee felt it was not part of the pharmacist's role to check evidence on whether the patient was exempt because of age or social benefit. Nor should pharmacists be involved in a reward scheme for reporting forged or stolen forms, because there could be problems with inappropriate apprehensions and eliciting police response. The proposal wrongly assumed that the pharmacist would be able to make prompt contact with the prescriber and it could lead to prescriptions written by locums being unnecessarily treated as suspect.

Advice on local NHS involvement Council agreed that advice should be prepared urgently to encourage pharmacists to become involved in local health improvement programmes and to help them participate fully in local NHS developments.

Council's submission on the NHS White Paper for England will state that the Society generally supports the proposals, emphasising that pharmacists have a unique and important role to play in assisting the government to achieve its objectives. The submission will stress the importance of pharmacist involvement in primary care groups and will urge that legislation should clearly establish the role of other health professionals alongside doctors and nurses.

On information technology, the submission will press for the inclusion of community pharmacies in the NHS Net.

Patient liaison group goes ahead Council agreed to go ahead with the formation of a patient liaison group. A budget

was approved on the basis of four meetings a year. There will be nine members – six lay people and three pharmacists, of whom at least one will be a Council

Advertising warning

Pharmacists are being advised not to advertise on GPs' appointment cards or repeat prescription cards. The Code of Ethics guidance note 12(a) under principle 7 should now read: "A pharmacist may advertise in GP practice leaflets only his professional services as defined in the guidance on obligation 7.3. Consent forms should not form part of an advertisement for a professional service in a GP practice leaflet as this could imply endorsement of that particular service by the practice. A pharmacist may not seek an exclusive right to advertise in a GP practice leaflet."

"Pharmacists are advised against advertising on the reverse of GP appointment cards or repeat prescription cards as this could mislead the public into believing that the pharmacy on the card has been approved by the doctors."

member. Membership will normally be for no more than four years.

The group's remit will include ways of achieving a consistent and equitable quality of pharmaceutical care for the benefit of all patients. It will respond to requests from the Society for advice or views, and will commu-

nicate ideas and concerns to the Society on behalf of pharmacy users.

IT survey The need for a national standard and a policy framework for information technology in pharmacy were among the critical success factors found in a survey of pharmacies' use of IT, Council was told. There was also a need to co-ordinate with developments in medical systems and the NHS. Funding was important, because development of new software would be expensive.

Team-working Council approved the formation of an inter-professional forum on team-working in primary care, to be set up jointly with the British Medical Association, the Royal College of General Practitioners, the National Pharmaceutical Association and the Royal College of Nursing.

CFC-free inhalers The Department of Health has produced a leaflet and poster about the change to chlorofluorocarbon-free aerosols. Copies will be sent to pharmacies and medical practices during the summer.

Long-term care of elderly Council approved evidence to the Royal Commission on the funding of long-term care, identifying where resources were needed and specific areas where pharmacists could become involved.

BRM review A consultation document on the future format of the branch representatives' meeting will be discussed at this year's BRM.

Pharmacists pay a visit to the Chancellor



Pictured outside the constituency office are (l-r) John Hughes of Dalgety Bay, Peter Monaghan and Alec Archibald, both of Cowdenbeath, and John Taylor of Aberdour

A group of community pharmacists has met with the Chancellor of the Exchequer to discuss the implications of losing Resale Price Maintenance.

The pharmacists, from the Dunfermline area, met Gordon Brown – their constituency MP – at the end of March. They were able to

ask Mr Brown for his support on the Lords' amendments to the Competition Bill, and discussed the services provided by local community pharmacies which could be affected by ending RPM.

The pharmacists say that Mr Brown is aware of the issue and sympathised with their arguments.

DISPRIN EXTRA

ESSENTIAL INFORMATION

Active Ingredients: Aspirin Ph Eur 300 mg and paracetamol Ph Eur 200 mg. Also contains saccharin.

Indications: For the treatment of mild to moderate pain, symptomatic relief of rheumatic aches and pains and influenza, feverishness and feverish colds. **Dosage**

Instructions: Adults and children over 12: one or two tablets every 4 hours. Maximum six tablets in 24 hours.

Contraindications: Hypersensitivity to the active ingredients. Should not be given to patients suffering

from active peptic ulceration or haemophilia. Children under 12 years. **Precautions and Warnings:** Patients

receiving regular medical treatment, who are asthmatic allergic to aspirin or have a stomach ulcer, must seek a

doctor's advice before taking this product. Use with caution in patients with hepatic or renal dysfunction.

Disprin Extra is best avoided during the last three

months of pregnancy. Aspirin may enhance the effects of anticoagulants and inhibit the effects of uncouplers

There is a possible association between aspirin and

Reye's Syndrome when administered to children with fever. For this reason it should not normally be given to

children under 12 years of age except on medical

advice. Do not take with any other paracetamol-

containing products. Immediate medical advice should be sought in the event of an overdose, even if you feel

well, because of the risk of delayed, serious liver

damage. **Side-Effects:** Aspirin may cause gastric

irritation and in rare cases of intensive use stomach bleeding may occur. May on very rare occasions also

precipitate bronchospasm. Paracetamol is normally well tolerated with only rare allergic reactions. **Retail Price**

16, £1.53, 24, £1.78. **Marketing Authorisation:**

0063/0019. **Supply Classification:** General Sales List

Holder of Marketing Authorisation: Reckitt &

Colman Products Limited, Dansom Lane, Hull, HU8 7

Disprin Extra and the sword and circle symbol are

trademarks.

Reference: 1. Muir et al. *Curr Med Res Opin* 1997; 1

(10), 547-553.

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Can start to work in only 5 minutes.



Whitehall Laboratories' managing director David Beauchamp (left) presents a plaque to the winner of the shop refit, pharmacist Steven Williams of P Williams Chemists, Nantwich, Cheshire. Nick Shields of shopfitters Alexander King Associates looks on

Fit for the Millennium

The shopfitting awards have been aptly renamed Fit for the Millennium. Two things didn't change though: standards were as high as ever and the partnership between co-sponsors *Chemist & Druggist* and Whitehall Laboratories was as strong as ever

The exceptional standards of entries in the complete refit category meant judges had to take the unusual step of changing the rules.

Rather than awarding one winner and one runner-up in each category, the judges changed it to one winner and two runners-up in category one (shop refit) and only an outright winner in category two (shop front).

C&D editor and non-voting chairman of the judging panel Patrick Grice, said one message came through from the entries submitted. "It pays to call in some expert help, whether it be through the National Pharmaceutical Association's shopfitting department or independently."

Continuing with praise for the entrants, Whitehall managing director David Beauchamp said they set an example for others to follow in pharmacy and showed that there was a better way of doing things. Continuous improvement, whether in terms of shop design or running the business, was essential to success because it is very easy to

Judges

Patrick Grice – non-voting chairman of the judging panel and Editor of *Chemist & Druggist*
Steve Dickson – director of pharmacy at Whitehall Laboratories

John D'Arcy – director of the National Pharmaceutical Association

Colin Kemp – chairman of the National Association of Shopfitters

become blind to the familiar. "If you can combine that with a good pharmacy team you can then balance the professional side with the commercial," explained Mr Beauchamp.

But any pharmacists wanting to take this lead would need to meet the constraints of the building and the needs of the community when considering a refit, added *C&D* associate publisher John Skelton. "But the essence and integrity of all that we see today can be readily taken on board by pharmacists."

Fit for the Millennium saw



Judges (l-r): National Pharmaceutical Association director John D'Arcy, Whitehall Laboratories' director of pharmacy Steve Dickson, chairman of the National Association of Shopfitters Colin Kemp and non-voting chairman of the judging panel and *C&D* editor Patrick Grice

Chemist & Druggist and Whitehall Laboratories come together for the fifth time since the launch of the shopfitting awards.

Ramps sweep in

The most striking aspect of the newly refitted P Williams pharmacy in Nantwich is the sweeping series of ramps which draw the

visitor deep into the pharmacy.

The pharmacy is laid out over three levels which means ramps are essential for its elderly and disabled customers. However, rather than placing these ramps in a secondary, less prominent position, which is the usual practice, the designer decided to make them central to the design of the pharmacy. This served not



P Williams Chemist of picturesque market town Nantwich, Cheshire, was characterised by a sweeping series of ramps which formed the central part of the shop floor



Posterngate Pharmacy aimed to cater for patients from all social backgrounds, including those requiring needle exchange services

only to enhance the interior but it gave its disabled customers a true feeling of equality.

Once you move off the main path, you soon notice a particular emphasis on catering for the tourist trade. Tourists feature largely in the picturesque market town of Nantwich and proprietor pharmacist Steven Williams has tried to capitalise on this opportunity through his shop refit. As a result, the developing and printing business now occupies a substantial area of the shop and includes related offerings such as colour copying and create-a-print enlargements. The travel theme was further reinforced with the installation of an

in-store travel agency which complements the travel medicines, photographic and sun care products available elsewhere in the pharmacy.

And to prove a refit makes good business sense, sales have increased by 30 per cent since the pharmacy re-opened, despite the fact that it has a very similar range of merchandise as before.

United front

C G Murray pharmacy in Stourbridge was originally created by combining two shops into one. However, rather than knocking down the adjoining wall completely between the two units, one of which was occupied by

the dispensary and the other by the retail business, the original designer only allowed for a 1.5metre access in the wall.

This was soon found to be impractical and a complete unification was needed, both inside and out. As a result, the shop front fascias were aligned and integrated with the new frameless glass frontages, while retaining the characteristic 19th century designs. Slim columns were mounted at the front to further

Continued on P20 ►

Judges' citations

Shop front winner CG Murray & Sons Ltd, Stourbridge, West Midlands

"We like the way the 19th Century elements were retained, but combined with a 20th century look. The new fascia was in keeping with the surroundings, the recessed door and the pharmacy sign on both sides of the window."

Refit winner P Williams (Chemist) Ltd, Nantwich, Cheshire

"We were impressed by the Tardis-like effect of the shop, perhaps helped by the unprepossessing shopfront. We liked the use of space, ramps and the way the design had worked well with a very difficult floor area."

Refit runner-up Posterngate Pharmacy, Selby, North Yorkshire

"Came across as a very professionally focused refit which has been built around a pharmacy business. We commented on the cost effectiveness of the solution and liked the one shop front, the use of space and touches like the incorporation of a needle exchange bin within the counter."

Refit runner-up C G Murray and Sons Ltd, Malvern, Worcestershire

"This long thin type of premises is uncommon and is generally an impossible shape to do much with. We were impressed by the effort made here to make a visual impression by tying in the ceiling and floor features."



C G Murray & Sons in Malvern used an 'S' shape design to overcome the tunnel effect produced by the shop's long, narrow dimensions

◀ Continued from P19

bridge the 19th century features with the 21st century design.

The store has made an impact on the high street and now attracts younger clientele in addition to its over-65s base. Turnover has moved from a 20 per cent per annum decline to a 35 per cent per annum increase. Morale among staff has also lifted dramatically as a consequence of the shop's brighter and more professional look.

Needle exchange made simple

Pharmacist Michael Turner decided to refit Posterngate Pharmacy in Selby to create an environment that reflected its

Award winners

Category 1 – refit

Winner

P Williams (Chemist) Ltd,
Nantwich, Cheshire
Proprietor pharmacist Steven Williams
Shopfitter Peter King from Alexander King Associates

Second prize

Posterngate Pharmacy, Selby,
North Yorkshire
Proprietor pharmacist Michael Turner
Shopfitter Jamie Greenwood, Yorkline Ltd

Third prize

C G Murray & Sons Ltd,
Malvern, Worcestershire
Proprietor pharmacist Duncan Murray
Shopfitter Peter King from Alexander King Associates

Category 2 - shop front

Winner

C G Murray & Son Ltd,
Stourbridge, West Midlands
Proprietor pharmacist Duncan Murray
Shopfitter Peter King from Alexander King Associates



C G Murray & Son, Stourbridge, combined the original 19th century features with a clean and modern glass frontage



The winning pharmacists and designers flanked by C&D's publishing director Roger Murphy and Whitehall's md David Beauchamp

professionalism, its emphasis on health care and its ability to cater for the health care needs of people from various social backgrounds.

One unique feature incorporated into the new design is a needle exchange area alongside the counter display. A sliding flap reveals an opening within the counter top which leads directly into the sharps box. The patient can dispose of the needles themselves while the pharmacists or health care assistant is left in charge of locking and unlocking the flap. A barrier of frosted glass helps maintain discretion while adding an interesting design feature to the unit.

'S' for success

The long, thin dimensions of C G Murray & Sons in Malvern proved an interesting challenge for its designers Alexander King Associates.

The main objective of the refit was to create enough interest for customers to venture to the far end of the pharmacy and to overcome the daunting 'tunnel effect'. To do this an 'S' formation of central gondolas was designed to co-ordinate with the curved wall units to give an apparently wider aspect to the shape.

Prizes

Category 1 – new pharmacy or refit of major part of shop floor

1st £2,000 plus plaque
2nd £1,000 plus plaque
3rd £700 plus plaque

Category 2 – new shopfront

1st £1,300 plus plaque

Shopfitters/designers

Winning shopfitters/designers receive a certificate and the right to use the Award emblem in promotional material

NB Because of the overall quality of entries in Category 1, the judges decided to award only one prize in Category 2 and transfer the runner-up prize to Category 1



Duncan Murray (right), managing director of C G Murray & Sons, picked up the winning prize for the shop front category for the Stourbridge pharmacy and third prize in the shop refit category for the Malvern branch. He is pictured with Mr Beauchamp of Whitehall



Second prize for the shop refit category was presented to pharmacist Michael Turner (right) of Posterngate Pharmacy in Selby, North Yorkshire, by Mr Beauchamp. The shop was designed by shopfitter Jamie Greenwood (centre) of Yorkline

Win free stock in Colgate Window Challenge

The pharmacist is often the first port of call for customers with oral care problems which is why leading oral care company Colgate is committed to educating pharmacists in all aspects of oral health. Through its specialist division, Colgate Oral Pharmaceuticals, the company provides a wealth of educational material, as well as a range of specialist products that give the pharmacy the edge over the competition.

Now it's your turn to capitalise on the increasing consumer interest in oral care. With National Smile Week (May 18 - 24) approaching, Colgate has teamed up with the BDHF to challenge C&D readers to create a window display that will get your customers talking about oral health.

Build an eye-catching Colgate display and you could win \$2,500 worth of Colgate oral care products (at rrp) or one of five runners-up prizes of 1000 Air Miles, plus a free Colgate Healthy Teeth for Life toweling bath robe for each winner. Create your display during April, May or June, and register your entry by sending a photograph of it to the address below. Keep the display for one month, because mystery shoppers will be visiting entrants to select a winner.

You can use products from the Colgate Oral Pharmaceuticals range, which includes a selection of specialist mouthrinses, as well as the Colgate range of toothpastes, brushes and Colgate Total Plax, the mainstream mouthrinse, for your display. To help you to make an impact, you can claim a free Colgate merchandising kit like the one shown in the photograph (subject to availability, product not included) by calling 01483 464464.

The company's specialist range includes: Chlorohex 1200, a clinically proven antibacterial oral rinse specially formulated for the treatment and prevention of halitosis; Chlorohex 2000, a rinse also available on prescription that treats and prevents gum disease



by controlling plaque; and the FluorGuard range of rinses and gels, topical fluoride treatments that help prevent tooth decay and fillings. The range has recently expanded with the introduction of Colgate Peroxyl, a clinically proven antiseptic oral cleanser that offers a first aid treatment for common oral irritations.

The Colgate range of toothbrushes and toothpaste includes the Colgate Sensation paste and brush range, and Colgate Total, the all-in-one paste offering long-lasting protection. Both are currently on TV in national advertising campaigns as part of a \$19 million support package for the Colgate oral care portfolio in 1998.

To register your entry, send a photograph of your display with your name, title, address and telephone number on the reverse,

to: Clare Baker, Bryant Jackson Communications, 81 Barwell Business Park, Leatherhead Road, Chessington, Surrey KT9 2NY. Closing date for entries is July 31, 1998.

Conditions of entry:

This competition is open to pharmacists only; the closing date for entries is July 31, 1998. Entries received after this date will not be valid; the display must stay in situ for one month from date of entry; the winner will be the entry deemed to be the most creative display of Colgate products; the judges' decision is final; no correspondence will be entered into; there will be one prize of Colgate products to the value of \$2,500 at rrp, and five runners-up prizes of 1000 Air Miles vouchers; there will be no cash alternative; the winner and

runners-up will be notified by post by August 31, 1998; a list of winners may be obtained by sending a stamped addressed envelope to the entry address after the closing date; entries will not be returned.

Further product information is available on request from Colgate Oral Pharmaceuticals, Guildford Business Park, Middleton Road, Guildford, Surrey GU2 5LX. Tel: 01483 464464. E-mail: internet@colpal.com!

Product information:

Colgate FluorGuard Gel-Kam. Active ingredient: Gel containing 0.4% Stannous fluoride. Main indication: Clinically proven to prevent caries and stop early decay. Licence status: P. PL 0049/0012. Licence holder: Colgate-Palmolive (UK) Ltd, Guildford, Surrey GU2 5LZ. **Colgate FluorGuard Daily.** Active ingredient: Rinse containing 0.05% Sodium Fluoride. Main indication: Aid in the prevention of dental caries and decalcification. To treat and arrest active surface caries in enamel and dentine. Licence status: GSL. PL 0049/0012. Licence holder: Colgate-Palmolive (UK) Ltd, Guildford, Surrey GU2 5LZ. **Colgate Chlorohex 2000.** Active ingredient: Rinse containing 0.2% Chlorhexidine Gluconate. Main indication: Aid in the treatment and prevention of gingivitis and maintenance of oral hygiene. It is also useful in the treatment of common mouth ulcers, denture stomatitis, oral thrush (candidiasis). PL 0049/0034. Licence holder: Colgate-Palmolive (UK) Ltd, Guildford, Surrey GU2 5LZ. **Colgate Chlorohex 1200.** Active ingredient: Rinse containing 0.12% Chlorhexidine Gluconate. Main indication: Prevention and treatment of halitosis and gingivitis. Reduction of plaque and maintenance of oral hygiene. Licence status: GSL. PL 0049/0035. Licence holder: Colgate-Palmolive (UK) Ltd, Guildford, Surrey GU2 5LZ. **Colgate Peroxyl.** Active ingredient: Hydrogen Peroxide 1.5%. Licence status: GSL. PL 0049/0038. Licence holder: Colgate-Palmolive (UK) Ltd, Guildford, Surrey GU2 5LZ. **Colgate Total toothpaste.** Active ingredients: Triclosan 0.300%, Sodium Fluoride EP 0.32%. Licence status: GSL. PL 0049/0036. Licence holder: Colgate-Palmolive (UK) Ltd, Guildford, Surrey GU2 5LZ.



Colgate

Pharmacies win in photo war



Supermarkets, with all their resources, cannot match the specialist appeal of pharmacies for photographic products, as **Guy L'Aimable** reports

Are supermarkets slowly crushing community pharmacies? Not in the photographic market, according to an Agfa survey. It shows 47 per cent of all film buyers have bought from a pharmacy in the past 12 months. Only 22 per cent have bought film from a supermarket during the same period.

The pharmacy's specialist reputation, it seems, extends beyond medicines to films and processing. Forty two per cent of respondents prefer to buy their film from an outlet they consider specialist, and 37 per cent would not buy film from outlets that they did not associate with photography.

"Supermarkets are viewed as generalist," says an Agfa spokesman. "You could ask someone in a pharmacy about different films and the type that suits your needs, but a supermarket assistant would probably

only be able to tell you in which aisles the films are stocked."

While the attraction of pharmacies runs throughout the various age groups, it is skewed slightly towards the younger and older consumers. Fifty three per cent of those aged between 15 and 24, for example, are more likely to buy their film from pharmacies, as are 56 per cent of 45-54-year-olds. The ratio drops to 41 per cent among 35-44-year-olds, who may buy their film when they do their weekly shop at supermarkets.

A pharmacy's photographic section also seems to attract a higher class of customer. Just over half of ABC1 consumers – the richest socio-economic group – buy their film from pharmacies, compared with 40 per cent of C2s. Wealthy consumers traditionally dislike the frenetic crush of mass market giants, preferring the easy-going, personal attention of independent retailers.

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Alan Gould, Electronic Imaging Systems,
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People prefer to buy film from a specialist outlet, says an Agfa survey



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A word of warning: 40 per cent of respondents would buy more film from supermarkets if it was better presented. Good use of point of sale material clearly attracts customers and, more importantly, helps them find the products they are looking for.

The survey was based on a nationally representative sample of 1,000 adults.

Other good news comes from market researcher GfK Marketing Services, which says pharmacies' share of volume film sales rose three percentage points last year to 30 per cent. On the film processing side, pharmacies are placed second (see table on p25), but their share of the market has been rising at the expense of the Post Office since 1996.

It is difficult to gauge what effect the World Cup will have on the UK market. Chris Gould, Agfa's photo marketing manager, doubts that film sales will grow significantly, although film processing could rise.

"It depends how many football fans, who go over to France, choose to develop their film in the UK. Having confidence in the developer is a big factor, so you could argue a number will feel safer leaving their film with UK processors," he says.

Promotional campaigns by the likes of Fujifilm – a World Cup sponsor – and Kodak may yet stimulate demand.

Agfa's research suggests 94m films were sold last year, up 2 per cent on 1996. "That's not bad because the photo market was static for a while due to the recession – it's nice to see the growth pattern back again," says Mr Gould.

Kodak claims the Advanced Photo System (APS) accounted for half of the market's retail growth last year. APS represents 3-4 per cent of the film market and will double that this year, according to Agfa. But 35mm still features in 85 per cent of film sales.

Kodak says the UK developing and processing market is worth about £500m – around 44 per cent of all consumer expenditure on photography.

The company is launching Photo Service Plus this month to encourage more processing. Customers will be given their prints, with an index print, in a transparent box which lets them see immediately what their pictures look like. A panel on the side of the box allows them to make notes about the pictures.

Camera manufacturers, meanwhile, are ensuring that the APS market gathers momentum by launching more models. Konica, for example, has introduced the Film-In Issimo, a single-use APS camera that features a retractable flash and comes loaded with 25 exposures of Konica JX400 film.

Pharmacy battery share goes flat

Pharmacies are the second most popular outlets for battery sales – that is the good news. The bad news is that their share of battery sales fell 1.8 percentage points to 10.1 per cent for the year to January, according to AGB Impulse. Multiple grocers' share, in contrast, rose 2.2 percentage points to 31.7 per cent and strengthened their place at the top.

Pharmacies sold 28.32m batteries during the period, 12 per cent less than last year. Sales through multiples fell 15 per cent to 23.77m, while independent pharmacies increased their sales a fraction to 4.55m.

UK sales of general purpose batteries fell nearly 4 per cent to £243.53m during the period. Alkaline batteries account for 79 per cent of the sales, while zinc

made up the remainder.

Duracell says long life lithium photo batteries, which were originally considered for top-of-the-range cameras, are becoming increasingly popular to power the now-common multi-function cameras. Three battery sizes account for most lithium sales: DL123A, DL223A and DL245.

Demand is also growing for the DLCR2 battery which powers APS cameras.

Duracell says pharmacists should consider stocking other lithium sizes, albeit in smaller quantities because if consumers do not find the size they want, they will not buy any battery.

The company, meanwhile, has launched a high-power battery called Duracell Ultra to cope with the demands of high drain appliances, such as digital and

Battery sales by outlet

Outlet	% share (by value)
Multiple grocers	31.7
Pharmacy	10.1
DIY	7.3
CTN	6.8
Electrical	6.4
Photographic	2.1
Forecourts	2.0
Others	33.5

Source: AGB Impulse

flash cameras, camcorders and mobile phones. Duracell Ultra AA and AAA sized batteries are designed to complement the established range.

Continued on P24 ►

Issimo is pre-set to take '11' size prints, but customers can opt to order reprints in the three APS sizes, including panoramic. The camera retails at \$9.99.

Kevin Day, general manager of Konica UK, predicted that once the public had a choice of different models and prices, they would be hooked.

"Having put my head on the line, I'm glad the figures have shown I was on the right track – last Christmas 30 per cent of compact camera sales were APS models," he says. "When one looks at the value of this market, the figure rises to almost 40 per cent."

Kodak has launched the Advantix 1600 auto camera, which joins the Advantix range of APS cameras. The latest model retails at \$39.99.

A \$2.5m TV campaign from May 4 to June 7 will support the Advantix range.

Researcher GfK suggests that Kodak cameras accounted for four out five fixed focus APS cameras sold in December. Kodak says it was the brand leader in APS camera sales last year – its brands accounted for just under a third of APS cameras sold.

Film and camera manufacturers agree that Boots' entry into one hour APS processing will stimulate the growth of APS.

THINKING OF INSTALLING A MINILAB?

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**GRETAG
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Duracell Ultra – new for digital cameras, phones and camcorders

◀ *Continued from P23*

Eighteen per cent of AA and AAA batteries are bought for high-tech appliances, and that proportion will rise to 28 per cent by the year 2002, according to Duracell.

Duracell Ultra batteries – which will retail for about 20 per cent more than Duracell alkaline batteries – will be available in stores from May.

Manufacturers advise pharmacists to stock all batteries close to cameras and other photographic accessories, such as film and photo albums.

A special battery fixture is essential. Ideally, the display would be at your photo processing site to encourage impulse purchases.

Best selling batteries in community pharmacies

Brand	% share (by value)
Duracell	58.1
Energizer (alkaline)	13.8
Ever Ready (zinc)	8.9
Panasonic (zinc)	6.3
Others	12.9

Source: AGB Impulse

Best selling batteries in pharmacy multiples

Brand	% share (by value)
Duracell (alkaline)	38.0
Ever Ready (zinc)	29.0
Energizer (alkaline)	18.7
Panasonic (alkaline)	0.7
Others	13.6

Source: AGB Impulse

Passport to success

Ranjit Bhogal has never regretted moving into the high-tech end of passport/ID camera equipment about a year ago.

His business – Bhogal's Pharmacy – is a 2,800 sq ft outlet based in Upton Park, London. Mr Bhogal has a mini-lab and, for seven years, ran a Polaroid passport machine. He decided it was time for a change and bought a SPIE mini-studio supplied by Electronic Imaging Systems (EIS).

Other pharmacists in his area offer passport photos but, at the time of writing, he is the only one with such equipment.

SPIE has a video-based process that allows a customer to see what the proposed photo looks like on a screen. If the customer is not happy with the pose, he or she can start again. As the photo has not yet been processed, Mr Bhogal can let the customer take as many poses as they want, and view the results on the screen, without wasting valuable prints.

The acceptable pose is processed through a Mitsubishi dye sublimation printer that uses Olmec Secure, a photographic paper – produced by ICI Image-data – that is said to be the only one of its type endorsed by the Passport Office.

Mr Bhogal's SPIE system cost £4,500, which is more expensive than his previous equipment, but he says the running costs are lower. Polaroid film costs \$0.80 per print, compared with Olmec's \$0.50.

SPIE also has a host of advantages, although in fairness to Polaroid, these stem from technical advances over the years. Fidgety children used to be a problem, but the new system allows the child to sit quietly on its parent's lap while the operator focuses on the child's head.

SPIE also offers dry prints that come off the printer like a photocopier. "The process takes three minutes at the most, which is a bonus if you're running a busy pharmacy," says Mr Bhogal.

With the Polaroid equipment, he says, the operator had to leave the film for about one minute to develop, then peel off a film layer and leave the photo to dry for up to four minutes.

SPIE can also produce small identity pictures, say 3x4in, and half-size portraits.

Learning how to operate a SPIE takes only about 20 minutes. All of Mr Bhogal's nine employees know how to use it. "It's very user friendly – within three minutes you can learn the basics. With experience, you can sort out the positioning of your customers much quicker," he says.

Customers choose the best of two photos for their prints, which retail at \$3.99 for a set of four. That represents a profit mark-up of almost 700 per cent. Mr Bhogal sells an average of ten

sets a day, which should earn him about \$12,000 per annum.

His sideline has also lifted sales around the pharmacy. And there is the impulse factor. "The equipment sells itself. When people see the lights at one end of the shop, they ask what's happening. When you show them the equipment, that sometimes generates more business," he says.

Mr Bhogal recently took his photographic service a step further by investing about \$15,000 on a Captura digital imaging system, which is also manufactured by EIS. Captura is compatible with SPIE and enables him to re-touch customers' photos and to expand SPIE's photos to 8x10in, each of which is then priced \$6.50.

Pharmacists thinking about offering similar services, he says, must have a reasonably good photographic trade as a base. As with mini-labs, pharmacists are advised to shop around to find the equipment that suits their particular needs. Manufacturers will normally negotiate on prices.



SPIE camera attracts customers to the pharmacy

Company share of 35mm market

Company	% share (by value)
Agfa	37 (B & PL)
Kodak	27 (B)
Fujifilm	14 (B)
Konica	10 (PL & B)
Imation	10 (PL)
Others	2

B = branded, PL = private label

Source: Agfa estimates

World Cup fever

Summer usually means athletics and cricket – but not this year. Millions of sports fans will monopolise the TV sets to watch England in the World Cup. Photographic manufacturers are taking advantage of all this excitement.

Kodak, for example, will run a World of Sport free prize draw from May to August. Consumers who complete a leaflet found on merchandisers will get the chance to win tickets to major sporting events.

One winner a week will be drawn from May 29 until August 14 – retailers also have an opportunity of winning if one of their customers is a winner.

Fujifilm – a World Cup sponsor – is offering five pairs of World Cup tickets in an on-pack promotion for Fujicolor Superior and Fujicolor Super 800 single-use cameras. That competition's top prize, however, is a £10,000 Vauxhall Corsa. Other prizes include sports bags, T-shirts, rolls of Fujicolor Superia multi-purpose films and Fujicolor Quicksnap Super Slim Flash single use cameras.

The competition is backed by PoS material, such as dispensers, posters and banners.

Pharmacists and other retailers could win a pair of World Cup tickets. This World Cup theme window display competition is being organised regionally – winners in each region will be invited to Fujifilm's World Cup party.

Konica, meanwhile, is offering a choice of ten gifts for anyone who buys 500 Konica films in a mix of 100, 200 and 400 speeds (24 and 36 exposure only). The goods include a JVC hi-fi system, JVC video recorder, Panasonic microwave and colour TV.

Konica says each item could be used as an in-store competition prize to generate more sales.

Minilab muscle

Are you thinking about buying a minilab? You may want to move fast because minilab manufacturers agree the UK photo-processing market can only support so many. What that figure is remains uncertain, but Kodak's rule of thumb is one minilab per 30,000 population. Any more than that and your returns may not justify your minilab investment.

Noritsu, one of the world's biggest minilab manufacturers, says UK retailers have installed about 2,000. Estimates for pharmacies vary – Agfa guesses that fewer than 400 pharmacies have them, although another 1,600 have the potential to be owners.

You need to assess whether a minilab would suit your area. The manufacturers do that for you as they do not want to waste your time – and theirs – by selling an unprofitable minilab business.

It is a big investment, so you need to shop around and be prepared to haggle over the packages manufacturers offer. Most will sort out a decent deal because pharmacies make ideal minilab outlets.

Tony Cornish, sales manager of Konica's photofinishing division, says: "Most pharmacies offering an outsourced photographic service have an established customer base which will stand them in good stead when they install their own system."

"Pharmacists also have the advantage over other high-street outlets because they have access to a more diverse customer base, from the regular prescription customers to the passer-by coming in for a bottle of aspirin."

The rewards are there. Peter Wingrove, marketing co-ordinator of Noritsu UK, says a minilab package could cost the equivalent of £40 a day and earn up to \$250.

Once you have a minilab, make sure potential customers are aware of it. You could, for example, set it near the window where it can be seen from the street.

Those buying a new minilab are advised to choose one with APS facility. Manufacturers agree that Boots' recent move into one hour APS processing will stimulate the market. More customers will want APS processing and will gradually expect other retailers, such as community pharmacies, to meet that need.

The question for pharmacists who already have a minilab is whether to upgrade it to APS. Gretag Imaging says the upgrade can wait until the end of the year in some regions.

Noritsu says the decision depends on the type of minilab and its age. If your minilab is over five years old, it cannot be upgraded easily. Your best option then is to buy a new APS model.

The company is offering pharmacies a discount on an APS minilab kit, reduced by 25 per cent to \$60,000. It will highlight its services at Chemex '98. As with camera manufacturers, minilab specialists are constantly upgrading established models or launching new varieties.

Gretag, for example, has launched Master Flex, a microlab that is said to be the first to have Gretag's eye tech scanning. This analyses the film negative across the whole spectrum of colours, not just three colours as other minilabs use.

Gretag says eye tech scanning improves the print's quality and makes the microlab easier to use, partly because the operator does not have to identify film types daily.

Master Flex processes about 40 films an hour from a footprint of 1.2 sqm. It handles established film formats and APS and prints up to 12x8in.

Film sales by outlet – 1997

Outlet	% share
Pharmacies	30
Post Office	27
Minilabs/film shops	14
Supermarkets	8
Others	21

Source: GfK Marketing Services

Film processing by outlet – 1997

Outlet	% share
Post Office	33
Pharmacies	26
Minilabs	23
Supermarkets	3
Others	15

Source: GfK Marketing Services



Swains International has launched a dump bin, which is free for retailers who buy 100 mixed albums. Retailers can obtain a free album for every two they buy. The company is also giving away a stand for its Memories Elegance range of frames. Its stand is supplied with 136 frames in 4x6in, 5x7in, 6x8in and 8in x 10in sizes in a range of 12 mouldings. Each frame has two reversible mounts and is priced from £1.99 to £5.99

ACT

Many sufferers taking sedating antihistamines are not aware of the sedative effect caused by the treatment[†]

YOU CAN'T AFFORD TO CLOSE YOUR EYES TO SEDATION

[†]Meltzer E.O. Occup. Health & Safety, 1996; 46-50. Clarityn Allergy contains loratadine. For the treatment of hayfever. Further information is available from: Schering-Plough Consumer Health, Shire Park, Welwyn Garden City AL7 1TW.

Developing stock and staff

You need stock in your pharmacy and you need staff to sell it. The reality, of course, is more complicated, as Mark Brennan explains

A business may have many assets. In the broader, rather than narrow accounting sense of the word, a business's assets encompass every strength it has that can help it thrive. They can range from its location and decor to an absence of competition, or a niche market to make its own. Not all assets can be changed easily, a relocation or refit is possible but cannot be developed gradually.

A pharmacy has two aspects that are crucial to its success: stock and staff. Both can be developed into key assets.

It is not enough simply to have the pharmacy stocked up. The profit comes only from being able to turn that stock into money in the till. Stock that sits on the shelf not only takes up space which could be given over to faster-selling stock, it also costs money just to keep it there.

When a rep comes to sell the latest wonder treatment for cold symptoms at \$100 a 'deal', stop and consider the implications of this tempting offer. At best, the product will hit the spot and you will support it happily. It will sell quickly and leave you with about \$40 profit to pay the bills. At worst the stock sits on the shelf and steadily eats money.

Most businesses are run on loans and borrowed money costs money in interest. A loan at a few percent above base rate will have increased the price you paid for the deal by at least \$10 over a year – and you still have to sell the stock to make your profit. Also, the longer you have stock the more likely it is to be damaged and further devalued. There is a common core of stock that you can be confident will sell well. This includes top selling cough mixtures and pain killers, which are well known to most pharmacy customers. Such is the power of the brands that if you don't stock the products the customers may think you are offering a sub-standard service.

This core of products need not be a large range, but it will probably account for most of your



Profit comes only from being able to turn stock into money in the till

sales. The real skill lies in choosing the lines to stock alongside this core. A careful assessment of the pharmacy's customer base will help you to decide between, for example, a likely demand for economical/unbranded treatment, or possibly a premium priced range of complementary medicines. With experience in the pharmacy and a determination to learn by mistakes as well as successes, your stock range can be developed and refined into the pharmacy's biggest (non-human) asset.

Arguably, the pharmacy's most important feature is its staff. The most impressive, professional looking pharmacy can have the effect ruined by poor service and, conversely, where resources are tight or the premises not ideal, top quality staff can win customers over from the glossier rivals.

First class customer service is the key to gaining and keeping customers. It is always possible to entice people through the door with eye-catching or money-saving offers, but the challenge is to turn them into regular customers. Your goal

should be to make them customers for life. If they receive service that meets, or exceeds their expectations every time they step through the door, they will never feel the urge to try another pharmacy or, even worse, the supermarket.

What makes top quality staff? Ideally, a member of staff, whether working in the dispensary, on the counter or on ancillary duties, will know what to do, be able to put what he or she knows into practice and, more importantly, will want to put it into practice. In short, they will possess the knowledge, skills and attitude needed for the job.

Knowledge and skills can be developed where needed. Pharmacists, for example, need to be aware of new products and new methods of working, such as the sale of medicine protocols. Over

the past five to ten years there has been a great expansion of training available for pharmacy staff, and those employers who want to keep ahead, keep training. The agenda for staff development has also changed, and while product training is still readily available, the emphasis has been moving towards what is being sold and how it is sold.

Communication skills become more important as we ask pharmacy assistants to interview customers and provide advice. The advent of computerised stock control and patient medication systems, meanwhile, have led to a need for keyboard and computer skills.

Attitudes, however, are harder to change. Management is the art or science of getting results through others. As such, much can be achieved with good leadership and motivation to get the best from people, although if the underlying attitude is poor, the best may not be good enough. You need to remember, when choosing new staff, that it is often better to choose someone who demonstrates a friendly, helpful attitude and a willingness to learn, rather than one who has soaked up knowledge with experience, but who has never believed that the customer comes first.

Friendly staff is the second most important feature of a pharmacy's 'service', according to a consumer survey commissioned by the Department of Health (Jepson *et al* 1991). Forty-eight per cent of respondents say this

friendliness influences their choice of pharmacy. Over half, meanwhile, are attracted to prompt services.

Making all of the above happen will test the pharmacy manager's knowledge, skills and attitude, but it will be worthwhile when the satisfied customer offers a vote of confidence by becoming a regular.

Mark Brennan, MRPharmS, is a practising community pharmacist.

● Consumer survey: M Jepson, J Jesson, R Pocock, H Kendall, (1991) Consumer Expectations of Community Pharmaceutical Services, Aston University, Birmingham.

The most impressive looking pharmacy can have the effect ruined by poor service

Policing prescription fraud

The government wants pharmacists to police prescription exemption claims. The outcome might produce an unexpected surprise, suggests a senior pharmacy manager

Do you know what the proof of entitlement to the income-based job seekers' allowance looks like? How about a War/MoD exemption certificate? Disability working allowance? Can you tell a typical 15-year-old from a person who is 16?

If the answer to any of these questions is 'no', then plans to get pharmacists to ask people presenting prescriptions for proof of exemption from charges could leave you in trouble with the authorities.

Health minister Alan Milburn has said that prescription charge fraud by patients is costing the NHS \$100 million; and he is determined to do something about it. So along with a green and blue prescription form – they've even found space within the design to celebrate the 50th anniversary of the NHS – there are plans to beef up the Prescription Pricing Authority's fraud investigation unit. But it is the plans for exemption checking that will be most difficult to swallow.

Pharmacists' representatives have been consistent over many years in arguing, without success, that tax gathering is not the responsibility of health professionals. Pharmacy also stands behind the argument that prescription charges represent a tax on sickness, and are inequitable.

However, while health ministers are fond of saying that they want to make greater use of



pharmacists' skills, it is a pity that the first new task they might be prepared to pay for is that of fraud investigator.

The \$100m lost to fraud represents a substantial prize. As taxpayers, we would all be pleased to see the money collected, and more going towards patient care as a result. But if the government is to collect \$100m through the extra efforts of pharmacists and their staff, a substantial proportion of the money recouped – at least a third – should find its way through to those doing the work.

To begin with, there is the sizeable issue of training. The back of the prescription form is complicated enough, but the documentary proof of entitlement to many of the exemptions will be new to most pharmacy staff.

How will they know what to look for? Is a full training package in development? Who will be

paying for the time spent studying it? Perhaps the fees in the first year should be even more in order to get the scheme off the ground properly?

Some of the practical difficulties with any scheme will be ameliorated if patients are made aware of what their responsibilities will be in any new system. I would like to know, at this stage, how much effort will be put into a public information campaign about the changes.

Millions were spent reminding people about the new self-assessment tax regime. The government is even going to spend \$1m warning football supporters not to travel to France for the World Cup if they don't have a ticket.

Consider the extra work involved if pharmacists co-operate with meeting these extra demands. Pharmacy staff will be

required to ask patients who are claiming exemption for proof of entitlement. Even if GPs are forced to play ball in even some small way, perhaps by being required to put patients' dates of birth on scripts, this will represent a sizeable number of interactions, many of which could be positively hostile.

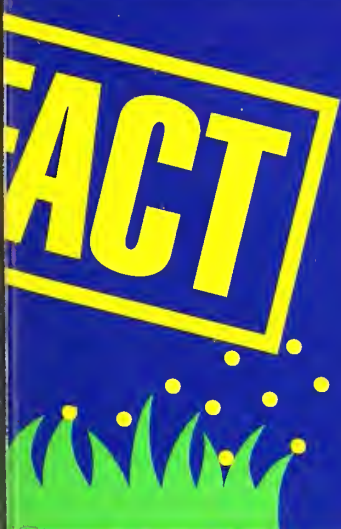
Picture the scene. Patients scrabbling in handbags and wallets for benefit books or giro's. Patients' representatives denying knowledge. Patients questioning, even demanding, to know why pharmacy staff are treating them as guilty until proven innocent, and all for \$5.80.

The questions will focus patients' minds on the fact that pharmacy staff now appear to be interested in why they are exempt, and those reasons will, in many cases, be related to personal financial circumstances. What a check!

This scheme is obviously an 'all or nothing' choice. There's no opting out if you don't like it. The Fraud Investigation Unit will be looking out for pharmacies who do not appear to be asking enough questions, and investigating anything which appears to be a wholesale breach of revised Terms of Service. Pharmacies, large and small, will have to comply, and the bigger you are, the more you will be affected.

This is going to add considerably to the time involved in processing prescriptions at the counter, even if the material is all to hand. Do our negotiators know how long? I can see this adding hours per week to the activity in a busy pharmacy.

Herein lies an interesting scenario. There may be money coming to the table for this extra work, but what if pharmacists reckoned it was not enough? Suppose 10,000 pharmacies refused to ask patients intrusive questions about their affairs. Would we get 10,000 Service Committee hearings? Perhaps not. This may not be the most professional of issues, but could it be the one to unite contractors for once?



Over 46,000 people are killed or injured each year in traffic accidents across Europe as a result of drivers taking sedating antihistamines†

YOU CAN'T AFFORD TO CLOSE YOUR EYES TO SEDATION

†Bentley A.M. Pharm. Dialogue, 1998; vol XIII: 1. Clarityn Allergy contains loratadine. For the treatment of hayfever. Further information is available from: Scheering-Plough Consumer Health, Shire Park, Welwyn Garden City AL7 1TW.

Pharmacy's new drive-in force

After two year's experience running Europe's first drive-through pharmacy, Staffordshire pharmacist Gurd Chahal is now selling the concept to others. **Adrienne de Mont** went to see how it works

Mention 'drive-through' and most people think of McDonalds – a fast, impersonal service that works well for burgers. But for medicines?

Gurd Chahal and his pharmacist wife Nirmla, who opened Duran Drive-thru Chemists two years ago, believe it delivers a quality pharmaceutical service, far removed from any conveyor belt image. For a start, professional advice is given in private, as the car becomes an extension of the drive-in consultation booth – a ready-made consulting room where no-one, apart from other passengers, can overhear the conversation with the pharmacist. It is quick and easy for mothers with young children, the elderly or the disabled, who do not need to step outside the car.

"We give customers a choice – either to remain in their cars



while they access the pharmacist and do their shopping at the consultation booth, or to park and walk into the pharmacy. In an age where convenience is king, we have designed this consumer-orientated concept as a set of integrated health care and retail systems capable of being reproduced anywhere in the country," says Gurd.

Since 1983, he has designed and opened a number of pharmacies from scratch, researching

and using new ideas each time. The drive-through concept evolved from a business he opened in Cannock in 1989. He and Nirmla thought they had designed the ideal pharmacy but soon noticed that mothers with young children would drop prescriptions in, then wait at the door, keeping an eye on the offspring they had left in the car. So they started an 'anxious mother' service in which dispensed medicines were taken to the car park adjacent to the shop and the mother stayed with the children.

They also opened the first in-store pharmacy in a Kwik-save at Stafford, where mothers drove in their children in supermarket trolleys. This still did not meet customers' needs.

The Chahals concluded that the only way to resolve the problem was for the car to go into the pharmacy or vice versa. It took a further five years' extensive research to adapt the drive-through concept to pharmacy.

"It was a challenge to work out how we could get away from the image of conveyor belt, impersonal service that is usually associated with drive-ins. As medicines are not ordinary articles of commerce, we wanted to instil professionalism in order to enhance the position of pharmacy rather than take it backwards."

The chance to put their research into practice came when a Chinese restaurant with a large car park became available in the village of Norton Canes, just over two miles from Can-

nock. Gurd relocated their existing low-turnover pharmacy into this new site and has since seen an increase of 400 per cent in turnover.

This dramatic improvement is not just a result of moving to larger premises with convenient parking.

"It's because we use an integrated package which includes the right shop layout, fittings, lighting, EPoS, category management and extremely well-trained staff," he says.

Phenomenal increase

But there is no doubt the drive-through is a major attraction. It accounts for 36 per cent of turnover and is expanding at what he claims is a "phenomenal" rate. There has been a 10 per cent increase on a month to month basis in the numbers of prescriptions dispensed this way, with an average of one being presented every three minutes.

As expected, the most frequent users are mothers with young families and the elderly.

Two satisfied customers are Jane Potter and Alison Cook who both appreciate the convenience of not having to take their children out of the car.

Says Jane: "You can leave them tucked up in the back if it's raining and it's great not having to look round every two minutes to see what they're up to. The pharmacy will even pick the prescriptions up from the surgery for you so you can collect the medicines later."

Customers can also use the



Pharmacist Lakhvir Dhinsa serves a customer at the prescription port



Gurd and Nirmla Chahal's 'drive-thru' chemist was pharmacy category winner in the 1996 Switch Independent Retailer Excellence awards

Driveline service in which they phone or fax their orders to be picked up later. Taxi drivers often use the drive-through to collect medicines for the elderly, although a delivery service is available for the housebound. Self-addressed envelopes are given to patients who live further afield so their surgeries can post the prescriptions.

How it works

Duran's is strategically placed in a triangle between main roads, with the consultation booth projecting from the dispensary into the rear car park. As a car approaches, an infra-red beam sets off a buzzer in the dispensary so the pharmacist knows there is someone waiting. The

pharmacist can talk to the patient through an open hatch or by means of microphones embedded in the booth, which is acoustically designed so the conversation cannot be overheard.

Customers who want OTC items can communicate with front-shop staff by an intercom-style system, allowing the pharmacist to continue with professional tasks.

While the prescription is being dispensed, the patient can watch the activity in the dispensary on a closed circuit television screen or read health care magazines and brochures on the pharmacy's services. On dark winter evenings, a laser beam makes coloured shapes in the sky to entertain children.

Gurd is working with MEL Research, based at Aston University, on a multi-media consultation booth with a touch screen system for giving health information and facilities to show health care videos.

A check list in the booth reminds staff of strict procedures to follow when serving drive-through customers. This avoids loss of sales which might have been made had customers waited in the pharmacy. "Generally in pharmacy, many customers are time-rich but cash-poor whereas at the drive-through many are cash-rich but time-poor. So they wouldn't normally have the time to make impulse purchases had they walked in," he says.

There is space for a queue of up to 20 cars before they reach the road, but there are usually no more than three or four waiting at any one time, and customers seem quite happy to do so. The present booth concentrates on service, while future ventures could incorporate an add-on fast-track booth.

Co-operation

Gurd has built up a good rapport with local surgeries and is fortunate in being a short walk away from a four doctor practice that sees the value in co-operation with pharmacists. He meets the GPs at least once a month to iron out any problems with prescribing and medicines supply.

One of the doctors in the local area, Bijay Singh, says: "I regard pharmacists as an integral part of my primary care team, giving good advice to patients. I think all GPs should have regular meetings with their local pharmacists, exchanging views and building up a good rapport.

"The two professions are inter-dependent, looking at a common goal of patient benefit. Patients think Duran's service is wonderful and it's good for me to know I can prescribe for them without

worrying about their transport problems."

Customers come from as far away as Liverpool, Derby and Birmingham, making a detour from their regular drive down the motorway. He has 8,000 registered patients but there are only 5,000 residents in the village, served by two pharmacies, so at least half are coming from further afield.

Gurd also runs an entertainment company so has many years' experience in public relations and marketing. He has marketed the drive-through concept by mailshots and advertising in the local press. He arranged media publicity when the business first opened and again when it was pharmacy category winner in the 1996 Switch Independent Retailer Excellence Awards.

Duran's is open from 9-7pm on weekdays and 9-5pm on Saturdays, with two pharmacists present three days a week and one or two dispensers. He wants to extract maximum potential during these times before deciding whether to open later at night.

Expansion

Gurd is now looking at other sites for organic growth and consulting other entrepreneurial independent and multiple pharmacists. Boots has had detailed discussions, but talks between the two companies have fallen through. Pharmacists from all over Europe have been to see the pharmacy and he has already sold a package to a chain in Finland.

"The concept can be adapted to any pharmacy, from a standalone site to city centre sites," he says. "In the fast-changing world in which we operate, we have to innovate to repackage pharmacy, so that we can reclaim our position as health care professionals and compete against the big boys by offering consumers comfort and ease of access. The opportunities are endless."

Gurd Chahal can be contacted on 0831 848080.

FACT

Clarityn Allergy is classed as non-sedating throughout the world



YOU CAN'T AFFORD TO CLOSE YOUR EYES TO SEDATION

Clarityn Allergy contains loratadine. For the treatment of hayfever. **P**

Further information is available from: Schering-Plough Consumer Health, Shire Park, Welwyn Garden City AL7 1TW.

Candida concerns

We write with reference to the 'A *Candida* look at thrush' feature within the Pharmacy Update (Update March 7, pV).

We are concerned to note that the author refers to recommending an OTC 150mg oral dose of fluconazole (Diflucan One) as a treatment option for vaginal thrush which, "should be reserved for cases which prove recalcitrant to topical treatment", as "any systemic drug carries risks".

In reply to this, we feel it is important to point out that:

- this is an issue which has been extensively discussed with reference to a similar statement that formerly appeared in the BNF. A substantial body of evidence was submitted for consideration by the editorial staff at the BNF. It was agreed that the restriction on the use of oral antifungals was unjustified and that they were a suitable first choice treatment for vaginal candidiasis
- clinical trials comparing treatment of vaginal thrush

with fluconazole 150mg with clotrimazole show similar levels of efficacy, making fluconazole an effective treatment option^{1,2,3,4}

- clinical trials comparing treatment of vaginal thrush with fluconazole 150mg with clotrimazole show similar levels of side effects, making fluconazole a well tolerated option for treatment

- research among thrush sufferers shows dissatisfaction with topical treatment. Four out of five women stated that they would prefer to use an oral capsule to treat vaginal thrush than an intravaginal pessary^{2,3,4}

Stephen R Jolliffe

Technical officer – medical information, Pfizer Consumer Healthcare

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1. Boag FC *et al*, Genitourin Med., 1991 **67** 232-234.
2. Van Heusden AM *et al*, European Journal of Obstetrics and Gynaecology and Reproductive Biology 1994 **55** 123-127.
3. Adetoro OO, Current Therapeutic Research, 1990 **48** 2, 275-281.

4. Perry CM *et al* Drugs 1995 **49** (6) 984-1006.

Spot on, again!

It's great to see **Xrayser** getting it right again. The other week there were accurate and complimentary remarks about my colleague Michelle Styles' performance on daytime TV, now he's telling pharmacists about our

pharmacy customer travel insurance.

Perhaps we should clarify one point. Our incursion is limited to travel insurance and will remain so. There is no private medical insurance and so no conflict of interest with the NHS.

Trefor Williams
Business services manager,
NPA



The British Pharmaceutical Students' Association's 'doctors and nurses' fancy dress team are pictured, before they set out on a pub crawl of Cardiff in aid of the Meningitis Research Foundation on Monday. The charity currently spends £1.75 million on 22 projects investigating the prevention, detection and treatment of the disease. The other teams on the crawl were the 'angels and devils', 'men and women of the cloth', and 'aliens and spacemen'



A MOUTHWASH FOR THE CHOOSY

If you'd like the choice to sell and dispense a generic mouthwash, then we've got some great news for you.

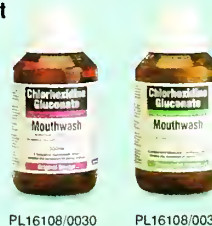
Adams Healthcare's new Chlorhexidine Gluconate 0.2% w/v mouthwash is:

- available in two flavours: original and peppermint
- the first true generic dispensing opportunity
- a great retail opportunity:

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For further information contact Blackwell Supplies Ltd,
tel: 01634 877620, fax: 01634 877621
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BLACKWELL
Supplies Limited

Abbreviated Product Information - Presentation: Mouthwash containing Chlorhexidine Gluconate 0.2% w/v
Indications: Inhibits the formation of dental plaque, aids the treatment and prevention of gingivitis and is useful in the maintenance of oral hygiene. Treats denture stomatitis and thrush. Further information available on request.
Legal Category: GSL. Basic NHS Price: £1.68
Product Licence Holder: Adams Healthcare, Lotherton Way, Garforth, Leeds LS25 2JY

Manpower shortage lifts pharmacists' wages

Pharmacy chains are increasing salaries to attract pharmacists, reports the latest manpower survey by the Institute of Pharmacy Management International.

This trend is not unexpected. Chains warned in last year's IPMI survey that the lack of pharmacists had created an 'applicants market', where potential recruits were demanding higher salaries and better employment conditions. (*C&D* April 12, 1997, p31).

According to the latest survey, the chains recruited 400 pharmacists last year. Boots did not supply information for this section.

Most respondents had to raise the vacant posts' salaries to tempt applicants. Despite the higher salaries, 95 per cent of respondents took between two and four months to fill their vacancies. Forty per cent of the chains took four months.

While most chains rated their recruits as average to above average, about 20 per cent say they were poor. Around 18 per cent rated them as good.

As there will be a lack of pharmacy graduates in 2000 and newly qualified pharmacists in 2000 and 2001, the chains are raising their profile to entice potential employees. Initiatives include road shows aimed at local pharmacists and at undergraduates in their third and final years at college.

Some respondents had advertised overseas and others had tried employment agencies, without much success. Some

were offering their pharmacists a sizeable 'bounty' if they could recruit friends who were pharmacists.

Thirty-five chains, meanwhile, increased their salaries to retain their pharmacists. Over 20 planned to raise their bonus/performance rates, and over 30 wanted to spend more to train all their staff.

Few, however, were prepared to improve pension schemes, increase holidays or pay on a productivity basis (ie per prescription item). And none were looking at franchising to reward and retain their managers.

Salary rises for the chains' managers and staff pharmacists ranged from 2 per cent to more than 7 per cent. Most chains will offer a 3-5 per cent increase this year, although some of the larger ones will give more in areas with acute recruitment problems.

While higher wages were lowering the level of incentive payments relative to basic salaries, more than 30 respondents had an incentive element to their salary packages. This ranged from 5-10 per cent of the salary.

Although larger chains were prepared to offer bonus review payments for pharmacists involved in further education, more than 80 per cent of respondents would not do so for pharmacists studying in courses run by: the Centre for Pharmacy Postgraduate Education, the College for Pharmacy Practice, and 'Homes' registration.

Most respondents said it had become more difficult to recruit locums for unsociable hours. Many needed locums because they had extended their branches' trading hours. Finding locums on Saturday was particularly difficult, unless the chains offered hourly rates far above the norm.

More than half of respondents used locum agencies, but most of the chains did not like the service they received. A common complaint was the agencies' inability to ensure they were sending good quality locums.

Locum agencies were also criticised for having "excessive and unsatisfactory" re-employment terms. (IPMI asked locum agencies to take part in the survey, but they did not reply).

Some chains said good supporting staff were the best way of keeping effective locum support.

Respondents in Scotland, East and West Midlands had the fewest problems in recruiting locums and, as a result, proposed the smallest increases on locum rates and mileage allowances.

Last year's average locum rates ranged from \$12.50 to \$15 per hour - this year's maximum will be \$17.50, although most of the chains will pay about \$14.50 to \$16 per hour.

IPMI says pharmacy shop staff remain among the lowest paid in

retailing, even though the cost of induction and training is rising to meet the professional protocols. (Pharmacy employers and the trade union side recently failed to agree on this year's increase.)

Last year's basic rate was \$3.21 per hour for pharmacy shop assistants, although most chains pay more than that.

IPMI says proprietors in some groups still claim to gauge the performance of each employee and pay them different rates accordingly. Personnel professionals, it adds, believe such appraisals are unfair and patronising.

Very few respondents, apart from the larger chains, offer their staff extra money to do administrative work when the manager is away, or when the pharmacy is being run by a locum. "Other research indicates that such staff undertake this work out of a sense of loyalty but often feel exploited by the 'owner', who capitalises on this loyalty but fails to provide a financial reward to recognise it," it says.

Dispensing technicians in hospitals tend to be paid almost twice as much as dispensing staff in community pharmacies.

IPMI's survey was based on 39 pharmacy chains, each of which has more than five branches. All the major groups took part, except for Halls/Lloyds.

Terry's acquires fifth pharmacy

Pharmacist Giles Terry has expanded his Terry's chain to five outlets, after acquiring Well Green Pharmacy in Ilale.

Mr Terry plans to buy another five outlets by 2000.

Well Green pharmacy, formerly owned by Alasdair Kenny, will be refitted into Terry's established format over the next few months.

The outlet will be renamed Terry's.

Mr Terry has also set up a training and development programme, which includes investors in People, for his chain's 30 staff.

His chain has one pharmacy in Altrincham and Knutsford and three in Ilale.

"We want to ensure that our standards are consistently high throughout all the shops and we will also be encouraging customer feedback so we can continuously improve our service," says Mr Terry.

(I-r) Giles Terry and Alasdair Kenny seal the deal for Terry's fifth pharmacy



Smith & Nephew opens Hull plant



Smith & Nephew (S&N) has opened a new plant in Hull - the first phase of its \$41.3m project Neptune development programme.

The plant, opened by John Prescott, the Deputy Prime Minister, has a production area of more than 8,000 sq m and supplies wound management dressings around the world. S&N says it is designed to meet the demands of global regulatory bodies, such as the Medical

Devices Agency and the US Food & Drugs Administration.

S&N's wound management products account for a fifth of its \$1bn turnover. The group is the world's second-biggest in the wound care market, but it believes the plant could give it the top slot by 2000.

During phase two of the project, which is due to be completed by the end of 2000, S&N will redevelop the rest of its Hull plant site.

Boots acquires Connors Chemists

Boots the Chemists has become the biggest chain in Northern Ireland after acquiring Connors Chemists for \$18m.

Superdrug had been first in line to acquire the Belfast-based chain, but it pulled out of takeover talks about three weeks ago, because it was uncertain how well Connors' stores would fit into the Superdrug format.

That left BTC free to move in, although it would not confirm its interest at the time. It briefed Connors' staff about the acquisition on Monday.

BTC already has 25 stores in Northern Ireland and six Boots Opticians.

Connors is part of Connors Holdings and has 25 stores in Northern Ireland, five in the

Republic, three in England and one in Wales.

Twenty-one stores hold pharmacy licences, including 18 in Northern Ireland. Its total selling space is about 8,500 sq m and its net assets are worth about \$3.9m. Connors has about 650 staff, including 40 pharmacists, and reported a turnover of \$60m for the 16 months to January 31.

BTC will analyse how the chain fits over the next three months before it refits the stores. It expects to finish the refit by September.

It admits some Connors stores overlap its own outlets, but a decision will not be made until it completes its review. The fate of Connors' head office staff will also have to wait until then.

Stores in England and Wales, which do not have NHS contracts, will be divested.

BTC has strengthened its stake in Ireland this year. In January it acquired Hayes Conyngham & Robinson, the Republic's biggest pharmacy chain, for an undisclosed sum.

Steve Russell, BTC's managing director, says the acquisition of Connors confirms its commitment to expand. "We are already the largest retail pharmacy chain in the Republic and this acquisition gives us market leadership in Northern Ireland," he says.

A spokesman for the Ulster Chemists' Association says the acquisition won't have much impact on independents in Northern Ireland.

New Deal option for pharmacists

Pharmacists could benefit from the government's New Deal initiative, which seeks to help the young unemployed.

The scheme, launched nationwide this week, covers four options: a job with an employer, work with a voluntary sector organisation, work with an environmental task force, and full-time education and training.

Its employment option gives employers a subsidy if they take on 18-24-year-olds who have been unemployed for more than six months. Employers can take on the youngsters for full- or part-time jobs, but the minimum must be 24 hours a week.

Pharmacies with New Deal employees working 24-26 hours a week receive a subsidy of \$40 per worker. Those with workers on 30 hours a week receive \$60. The subsidy lasts for six months, while the New Deal scheme runs until 2002. An important aspect of the scheme is to help people move into non-subsidised jobs.

The NPA says that independent pharmacies have to decide whether the scheme suits their needs.

Pharmacies will receive a leaflet explaining the scheme in their 1998/99 Inland Revenue pack. For more detailed information packs call: 0845 6062626. Those who are interested should call their local Job Centre.

Speculation suggests the government may have underestimated how popular the scheme would be with youngsters. It has set aside \$3.5bn to fund the scheme, but if the youngsters with subsidised employment far outstrip those in unsubsidised work, the government could have trouble running the scheme within its budget.

AAH in drive to lift pharmacy sales

AAH Pharmaceuticals is linking up with manufacturers to produce trade marketing initiatives that are designed to improve pharmacies' sales.

Its schemes are:

- category management – product managers who previously dealt with individual manufacturers are now responsible for specific categories, such as NHS, OTC health and beauty and OTC medicines. Each manager is therefore dealing with a number of manufacturers – AAH has Peter Blundell for NHS, generics and PIs; Pat Bunn on OTC medicines and Steve Malone on health and beauty

- sales analysis of all orders, including transfer orders
- merchandising with planograms

- access to network logistics
- re-designed product price list, sundries catalogue and monthly promotions magazine – the latter now has a talk back section to encourage pharmacies to air their views.

Steve Dunn, AAH's marketing director, says category management is designed to improve the pharmacy's entire sales range. Its techniques range from checking the optimum range pharmacists should stock to gauging ideal prices.

Pharmacists, he adds, will not be given merchandising advice that's tailored to suit one company. "That [scenario] might be true if you received a company's planogram, but we're dealing with all manufacturers, so we can synthesise the best information they provide," says Mr Dunn.

AAH plans to set up about 20 'category captains', each of which is a manufacturer that it says will offer the best wide ranging advice to independents. It is talking to suppliers and expects to appoint its captains by the end of the month.

In other markets, says Mr Dunn, sales increases from category management have ranged from 10 per cent to 90 per cent. "We'll be running a number of controlled tests during the year to see how much sales are increasing in various areas," he says.

AAH's merchandising advice will be updated once every six months at first, then every quarter later.

COMING EVENTS

TUESDAY, APRIL 14

N Scottish Branch, RPSGB
Craigmonie Hotel, Annfield Road, Inverness, 8pm. AGM – cheese and wine.

WEDNESDAY, APRIL 15

Bury Branch, RPSGB
Fairfield General Hospital, 7.30 for 8pm. AGM and 'Drugs Misuse in the Community' – Inspector Kelly (Greater Manchester Police).

THURSDAY, APRIL 16

Weald of Kent Branch, RPSGB
Kent & Sussex Hospital, Mount Ephraim, Tunbridge Wells, 7.45 for 8pm. 'Asthma' – John Press, Allen & Hanbury South-east representative.

SATURDAY/SUNDAY, APRIL 18/19
The Midland Regional Conference of the YPG will be held at the Friendly Hotel, Junction 10 (M6).

Smithkline Beecham offers free category management advice

Smithkline Beecham has introduced three category management proposals for independent pharmacies: oral care, GSL medicines and P medicines.

The proposals are part of SB's Partners in Growth initiative and comprise market information, planograms by category and ideal layouts for each type of fixture. Each proposal is available as a free brochure by calling: 0181 975 3868. SB will update the proposals in September to take into account new analgesic pack sizes.

Lynne Alexander, SB's marketing executive says: "We have also extended the proposals to include brand information to allow pharmacists to make rational decisions on the basis of hard data and to show how we arrived

at our own planogram layouts."

Graham Phillips, a pharmacist at the Wheathampstead-based Busby Pharmacy, has been working with SB to maximise his category management. He says pharmacists should follow basic principles to get the best out of their businesses. "A business can't expect to perform without basic decisions about ranging and category management and this kind of initiative provides good information to ensure pharmacists get the right mix," he says.

● SB has appointed Dr Peter Goodfellow, formerly director of research and biopharmaceutical development, to the new post of director of discovery worldwide. He will ensure SB maximises the benefit of its resources to discover and develop new drugs.



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ABOUT people

Celebrating the new with the old

Over 100 pharmacists and guests attended the Leicestershire Branch of the Royal Pharmaceutical Society's annual dinner at the City Rooms in Leicester last month.

The theme of the dinner was a medieval banquet with the evening's entertainment including medieval musicians and jugglers.

The RPSGB's president Peter Curphey, a guest at the dinner, commended the branch's achievements in 1997 which included a multicultural Divali evening in October and an annual tea party for retired pharmacists in July.

Following his address, representatives from two charities, Loros and the Vitiligo Society, were each presented with cheques for \$200 from the Divali evening. A raffle during the banquet raised \$170 for a local breast care appeal.

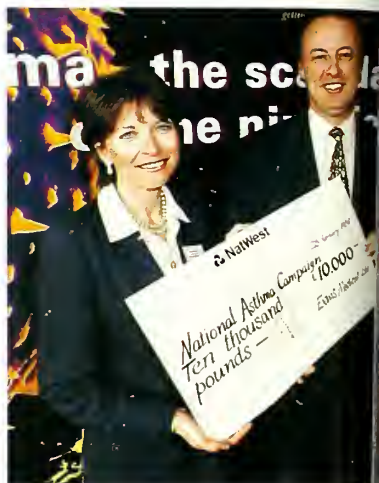
"The banquet was absolutely



The Royal Pharmaceutical Society's president Peter Curphey (second left) and his wife Judy (far left) were guests at the Leicestershire Branch's annual dinner. They are pictured (l-r) with Joyce Mattock and her husband Terence (branch chairman), and Mrs Muggleton and her husband (deputy lord mayor of Leicester)

excellent and 1997 has been a very successful year for Leicestershire Branch. We have broadened our horizons and our

younger committee has generated greater interest in branch activities," says branch chairman Terence Mattock.



Evans Medical is the latest of 12 companies to become a corporate gold member of the asthma charity, National Asthma Campaign. Gold member companies contribute a minimum of £10,000 for three years which funds asthma research at hospitals nationwide and the charity's public helpline. Evans Medical's professional relations manager, Kevin Curling, is presenting NAC's chief executive Melinda Letts with a cheque for £10,000



Counter assistant Sumara Parvez of R S Pharmacy in Liverpool is this month's Cambridge Counterpart winner. In a break from the norm, both she and supervising pharmacist Rosemary Chatterji each received a box of luxury chocolates. Sumara, who is studying a chemistry degree at Liverpool College, hopes to change to pharmacy at the end of the year. Pictured (l-r) are Mrs Chatterji, Whitehall territory manager Tony Platt and Sumara

Community pharmacist Mr Nitin Lad (right), of the Abbey Road pharmacy in Derby, takes the opportunity to congratulate a customer on his good fortune. Mr Fred Jordan (left), is pictured receiving a £500 cheque, courtesy of Bayer – first prize in a draw for owners of the company's new Esprit blood glucose testing meter



From the C&D archives... chemist fined £7 for peddling elixir-of-life

In honour of the NHS's 50th birthday, we take a look back at the pages of *Chemist & Druggist* to see what was making the headlines then.

It appears the 'elixir of life' could still be purchased from pharmacies (*C&D* March 6, 1948, p299).

In February 1948, London pharmacist Cyril George Richardson was summoned by North London magistrates for unlawfully selling 'elixir of life powders' which claimed to contain the 'only source of the youth vitamin G2'.

Mr Richardson pleaded guilty to selling a medicinal preparation which did not disclose the medi-

cine's ingredients on the label and to selling a medicine under a false trade description.

A Pharmaceutical Society inspector had written for a sample of the powders the previous year, which arrived in a piece of brown paper in a sealed envelope.

On analysis, the 'elixir of life' powders were found to contain 50 per cent powdered arrowroot starch and 50 per cent powdered vegetable matter from plants such as *Hydrocotyle Asiatica minor*.

Mr Richardson was fined £7 in total and ordered to pay £2 2s costs.

APPOINTMENTS

Professor Derek Calam, chairman of the British Pharmacopoeia Commission, has been elected chairman of the European Pharmacopoeia Commission.

Scotia Pharmaceuticals has appointed **Dr Gerard Farmer** as head of regulatory affairs. He joins from Ares Serona International in Geneva.

Boehringer Ingelheim has promoted **Charles de Wet** to UK medical director and **Cecil Steinbeck** to financial director.

Mark Connolly has joined as the UK hospital division's marketing director following the promotion of **John Barnes** to managing director for Australia.

John Major MP has become the president of National Asthma Campaign after the retirement of Lord Hailsham. IMS Health has appointed **Robert Frosell** and **Per Troien**, as chief information officer and global strategic planning vice-president respectively.

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*Kodak commissioned NOP Marketingplan - Survey 1998.
†See page 10 of booklet for full details.



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